



Director of Public Health Annual Report 2016

Abertawe Bro Morgannwg University Health Board



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Foreword



This year my annual report focuses on the importance of the early years, which has been a priority for my team over the last year.

Through the use of a fictional family the report highlights the important factors for health and wellbeing during the pre-conception phase to age two years.

During this crucial period, focused attention can provide enormous benefit. How infants are treated will shape their lives – and influence society.

Over the last year our early years work has been shaped by a number of developments. One of these is the emerging evidence surrounding the impact of Adverse Childhood Experiences (ACEs). Research tells us that as the number of ACEs increases, so does the risk for poorer health outcomes in later life.

Another strong influence is the introduction of the Well-being of Future Generations Act (2015), which requires us to work towards improving the social, economic, environmental, and cultural well-being of Wales.

The Act has prompted us to think differently about the way we work and to ensure that its core principles, such as working together on long term goals and preventing problems, are at the heart of all our work.

By working in this way we are ensuring that the next generation is free to enjoy a good quality of life.

In my last Annual Report (2015) I made a pledge to pay more attention to increasing physical activity in our local communities and to devote more of my personal time to physical activity.

Recently, my team have also made physical activity pledges in their workplace in an attempt to increase daily activity and decrease sedentary behaviour. One of these is to use the stairs instead of the lift every day. We are also planning team litter picking events, getting outdoors and improving our environment at the same time. The next challenge will be to recycle as much as we can.

Dr Sara Hayes

Executive Director of Public Health

Zac's story

Zac was born in Neath Port Talbot Birth Centre to his mother Louise and father David. You can follow Zac's journey from conception to age two.

Wherever you see this symbol, you will find Zac's story.



Not all families in ABM are like Zac's. We have created Zac's story to demonstrate the things that evidence tells us need to be in place to help children have the best start in life and meet their developmental milestones.

1. The Importance of the Early Years

Conception to age two is a crucial phase in child development.

“Pregnancy is a particularly important period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet, alcohol and substance misuse can place a child’s future development at risk.”

(WAVE TRUST AND DOE, 2013).

From the moment they are born, babies and young children need social contact and a consistent, loving and safe environment which promotes:

- ◆ Secure early attachment with parents and primary caregivers
- ◆ Resilience e.g. confidence, self esteem, learning how to solve problems, understanding and managing emotions
- ◆ A readiness for learning e.g. speech, language, communication, thinking and social skills

(HEALTHY AND SUSTAINABLE PRE-SCHOOL SCHEME – MENTAL AND EMOTIONAL HEALTH, WELLBEING AND RELATIONSHIPS, PUBLIC HEALTH WALES JUNE 2014).

Adequate nutrition is especially vital to children’s physical and intellectual development in the early months after birth, and breastfeeding can provide particular benefits. Also important are good hygiene, home safety and immunisation.

(BUMP, BABY AND BEYOND, 2014).

Language development and the ability to learn – all the skills that equip children to relate to others, to thrive and to learn the skills they need to succeed academically – are all embedded in the earliest months of life. (WAVE TRUST, 2014).

In summary, the first two years of a child’s life help to create solid psychological and neurological foundations which in turn help to optimise their lifelong social, emotional and physical health, and their potential educational and economic achievements.

The following outcomes have been the focus of our work on early years for 2015/16:

Improving Pre-conception Care and Maternal Health so that babies are born healthy

Outcomes

Babies are born healthy and child birth is a safe and positive experience for women in the ABM area.

Headline Indicator:

- ◆ Percentage of babies breast fed at birth and six weeks

Other Key Indicators:

- ◆ Number of pregnant women who smoke in early pregnancy
- ◆ Percentage of low birth weight rate
- ◆ Under 18 conception rates
- ◆ Uptake of influenza vaccination by pregnant women

Pre-school Children

Outcomes:

Preschool children in the ABM area are safe, healthy and develop to their full potential.

Headline Indicator:

- ◆ School readiness

Other Key Indicators:

- ◆ Uptake of scheduled vaccinations of children to age 4
- ◆ Percentage of children aged 4 to 5 who are overweight or obese
- ◆ Percentage of babies breastfed at birth and six weeks
- ◆ Oral Health (Decayed, missing or filled teeth (DMFT) age five)

Complete Driver Diagrams included in Appendices



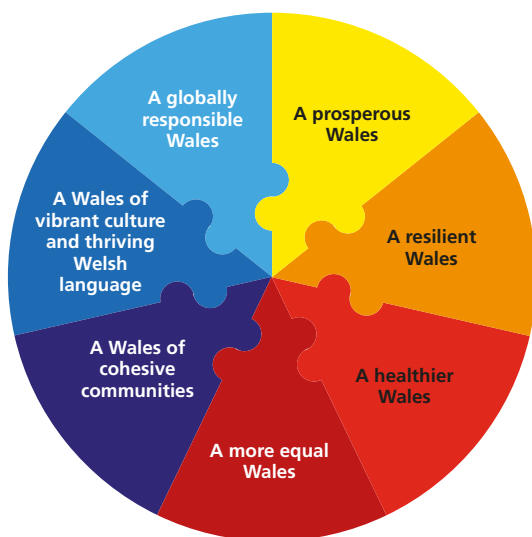
New Drivers for Change

The Well-being of Future Generations (Wales) Act (Welsh Government, 2015)

The Well-being of Future Generations (Wales) Act is groundbreaking legislation from the Welsh Government, which is concerned with improving the four aspects of well-being - social, economic, environmental and cultural well-being of Wales for now and into the future.

All public bodies listed in the Act must set and publish their 'wellbeing objectives' in a local well-being plan, which will show how they intend to improve the economic, environmental, social and cultural wellbeing of the people they serve.

To make sure all organisations work towards a shared vision, the Act puts in place seven well-being goals shown in picture below. It establishes a 'sustainable development principle' to guide public bodies on how to go about meeting their duties under the Act.



Alongside the well being goals, the Act requires public bodies to show that they have applied the sustainable development principle by following five ways of working which are intended to help us work together better, to avoid repeating past mistakes and to tackle some of these long-term challenges we are facing.

These ways of working are:

- ◆ **Prevention:** Acting to prevent problems occurring or getting worse
- ◆ **Long term:** Balancing short with long term needs
- ◆ **Integration:** Looking at how their well-being objectives might impact on all their other objectives, and on the objectives of other public bodies
- ◆ **Collaboration:** Acting in partnership with others who can help to meet its well-being goals
- ◆ **Involvement:** Involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

To give our future generations a good quality of life we need to think about how the decisions we make today will impact on them and on how we protect and enhance the natural environment to secure their future wellbeing.

It is clear therefore that the Act is very significant for the establishment of national and local goals for the health and development of children in their early years. This includes strengthening the support that families and communities need to be able to give their children the best start in life and to ensure that the next generation is free to enjoy a good quality of life in the future.

Locally, we will work closely with our partners to assess the well-being of the populations and communities of Bridgend, Neath Port Talbot and Swansea. We will support the development of the new Public Service Boards and their plans to improve well-being across the region. We will design our public health work in line with the sustainable development principle and the five ways of working and, in particular, we will promote ways to prevent problems arising for people in the first place.

Going forward our focus will continue to be on the early years – on that crucial first 1000 days in children's lives, from conception to age two. We will work with our partners to help strengthen action to prevent Adverse Childhood Experiences, to promote physical activity and the ten steps to a healthy weight, to improve young children's development outcomes and to further reduce teenage conception rates.

We will ensure that we work according to the principles of the Well-Being of Future Generations Act (2015) and that the 'ways of working' guide our plans for the coming year.

ABMU Health Board Children's Rights Charter

United Nations International Children's Emergency Fund (UNICEF) works with children in more than 190 countries, believing that every child has the right to grow up safe, healthy and happy. In 1989, governments worldwide promised all children these rights by adopting the United Nations Convention on the Rights of the Child (UNCRC). The rights are based on what a child needs to survive, grow, participate and fulfil their potential. They apply equally to every child regardless of who they are or where they are from.

The Health Board is committed to ensuring that all children who access health services are aware of and treated in accordance with the United Nations Rights of The Child. To support this, work began in 2014 to develop a charter for children and young people.

In November 2014, a draft Charter for ABMU Health Board was launched.

Going forward in 2016, the Health Board, with help from Swansea University, plan to involve children, young people, parents, carers, and professionals in steering the implementation of the Charter. Awareness raising and staff training will be undertaken and a baseline study conducted to assess current practice against the Charter. An action plan and annual reviews will help keep the Charter prominent. Meanwhile, the ABM Healthy Schools Team are active in promoting the Charter to all school age pupils across ABM.



2. Pre-conception and the Pregnant Mum

What We Know

The foundations for every aspect of human development are laid down during pregnancy and in early childhood. The health of babies can be affected before they are born or even conceived, making it vitally important that pregnant women are healthy and safe and get the best support before and during their pregnancies.

Pregnancy is a particularly important period during which the mother's physical and mental wellbeing can have lifelong impacts on the child. Factors such as diet, smoking, stress, trauma, a bad relationship with a partner, alcohol misuse and drug abuse can all put a child's development at risk. [\[BUMP, BABY AND BEYOND, 2014\]](#).

To ensure mums are as healthy as they can be and give their babies the best start in life the following things are important for pre-conception and during pregnancy. [\[BUMP, BABY AND BEYOND, 2014\]](#).

Vitamins and Supplements

Folic acid can help to protect a baby against neural tube defect, such as spina bifida and should be taken pre-conception for those planning a pregnancy and for the first 12 weeks of pregnancy.



Stop Smoking

Smoking can cause problems when trying to conceive and during pregnancy has been linked to a variety of health problems, including premature birth, low birthweight, cot death (also known as sudden infant death syndrome or SIDS), miscarriage and breathing problems/wheezing in the first six months of life.

The following table shows the number of pregnant women who were smokers at their booking appointment and the number who accepted a referral to smoking cessation services:

Table 1. Number of pregnant smokers at booking appointment April 2015- March 2016

Area	Number of women booked for antenatal care	Number of women who smoke at booking appointment	Number of smokers who accepted referral to smoking cessation services
Bridgend	1683	337 (20%)	125 (37%)
Neath Port Talbot	1438	288 (20%)	124 (43%)
Swansea	2904	465 (16%)	190 (41%)
TOTAL	6040	1087 (20%)	435 (40%)

[Data source-ABM Maternity Department, 2016]

*Please note the 'Number of smokers who accepted referral to smoking cessation services' should be observed with caution as this differs from the number of pregnant smokers actually referred to smoking cessation services.

Cut out Alcohol

Drinking alcohol can negatively affect fertility and in pregnancy can lead to long-term harm to a baby. Government guidelines have recently been updated and now recommend that women do not drink at all during pregnancy.

Keep to a Healthy Weight

Being overweight or obese can lead to problems getting pregnant, and can make fertility treatment less likely to work. Being overweight (having a BMI of 25-30) or obese (having a BMI over 30) also raises the risk of some pregnancy problems, such as high blood pressure, blood clots, miscarriage and gestational diabetes.

The following table shows the number of pregnant women who were overweight, obese or morbidly obese at booking appointment:

Table 2. Pregnant women who are obese or overweight at booking appointment April 2015-March 2016

Body Mass Index (BMI)	Bridgend	Neath Port Talbot	Swansea	Total
25 – 29.9 Overweight	486 (29%)	405 (28%)	784 (27%)	1681 (28%)
30 – 34.9 Obese	220 (13%)	204 (14%)	370 (13%)	796 (13%)
35.39.9 Obese	119 (7%)	117 (8%)	177 (6%)	414 (7%)
40 + Morbidly obese	88 (5%)	64 (5%)	94 (3%)	245 (4%)
Total Booking Appointments	1683	1438	2904	6025
Total Overweight or Obese	54%	55%	49%	

(Data source-ABM Maternity Department, 2016)

Vaccinations

Some infections, such as rubella (german measles) or influenza (flu), can be harmful to an unborn baby. Vaccinations currently offered to pregnant women include influenza and pertussis (whooping cough). Pregnant women and those trying to conceive should make sure they are up to date with their vaccinations.

Uptake of influenza vaccination in pregnant women
ABM area: **80.5%** (VPDP, 2016)

Uptake of pertussis vaccination in pregnant women
ABM area: **77.5%** (VPDP, 2016)

New and expectant mums have been supported to stay healthy and active thanks to a new initiative piloted in Neath Port Talbot.

The Fit for Birth and Beyond programme offered a weekly aqua natal class followed by an informal parent craft session where the mums could meet with local midwives and health visitors for health advice and information regarding pregnancy and the early years.

Referral to physical activity from Midwifery is being supported across the ABM area for expectant mums with a BMI of 30 or over.

Supportive Relationships

Having a supportive network and healthy relationships is important. Feeling supported and being able to talk about concerns can help to alleviate stress that may be experienced during pregnancy or when trying to conceive. Stress can negatively affect fertility and health during pregnancy.

From the Mum's Perspective

Louise was 20 years old when she gave birth to her son Zac. Louise and David, Zac's father didn't plan on being parents at 20 so it was quite a shock when they found out she was pregnant.

Louise was worried because she didn't feel like she was taking care of herself.

Louise's midwife spoke to her about how she could make sure she was healthy during her pregnancy so that her baby could have the best start in life. She explained to her that everything she put into her body could affect her baby. She gave her a booklet that had lots of information about eating a healthy diet, pregnancy vitamins, what vaccinations she would need and she explained to her that it was safest not to smoke or drink at all.

Louise was a smoker and was worried that she may hurt her baby if she continued. Her midwife offered her a referral to a local service that could help her quit and she decided to try it.





Teenage Pregnancy

Compared with people with no Adverse Childhood Experiences (ACEs), those with four or more ACEs are six times more likely to have had or caused an unintended teenage pregnancy.

Some young people make a positive choice to become a parent. However teenage pregnancy is more often associated with poor health and social outcomes for both the mother and the child. Young mothers are more likely to suffer postnatal depression and less likely to complete their education. Children born to teenage parents are less likely to be breastfed, more likely to live in poverty and more likely to become a teenage parent themselves.

There are known factors that influence the likelihood of teenage pregnancy, these are:

- ◆ **Risky behaviours** such as early onset of sexual activity, poor contraceptive use, teenage motherhood (around 20% of births conceived under 18 are second or subsequent births), alcohol and substance misuse
- ◆ **Education related factors** such as low educational attainment, no qualifications, disengagement from school
- ◆ **Family background factors** such as living in care, daughter of a teenage mother

In 2014 the under 18 conception rate in England and Wales was the lowest since 1969 at 22.9 conceptions per 1000 women aged 15 to 17 years.

In 2014 the ABMU HB under 18 conception rate was 26.2. Bridgend has the highest under 18 conception rate of the local authorities in Wales: 32.1 per 1000 women (15 -17 years).

Across the ABM area, condom distribution schemes in Bridgend and Swansea and Relationships, Advice, Drop In Service (RADIS) in Neath Port Talbot address some of the difficulties faced by young people when accessing traditional NHS sexual health services. These services are generally delivered by non clinical staff in community settings where young people congregate.

The aim and objectives:

- ◆ to reduce inequalities and to improve sexual health outcome
- ◆ to provide information, advice and resources to support young people regarding their relationships, sexual health and well being

Evidence based interventions include good quality school/community sex and relationships education, easily accessible sexual health services (including Long Acting Reversible Contraception (LARC)) and targeted services for vulnerable groups. Locally we are working towards the following objectives:

- ◆ Development of Local Enhanced Service (LES) for long acting reversible contraception (LARC), with cross referrals in primary care to improve access
- ◆ Embedding the National Empower to Choose programme to increase access and use of LARC
- ◆ Improving access and funding for relationship advice and condom distribution schemes
- ◆ Review and development of ABM wide approach to support multi-agency delivery of good quality sex and relationships education in schools and community settings
- ◆ Parenting programmes providing specific support to teenage parents

Table 3. Under 18 conception and outcome by ABM area (2014)

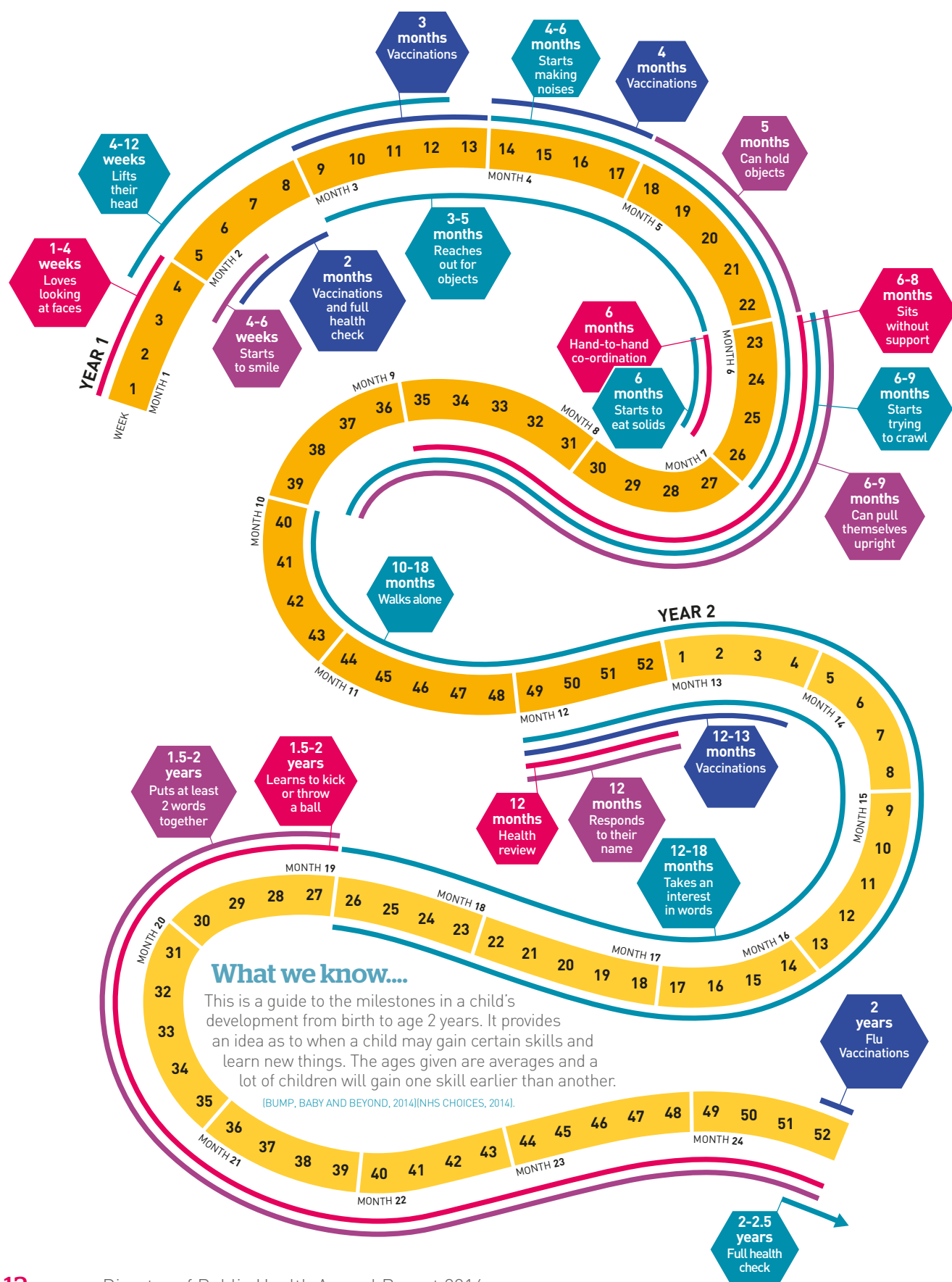
Area	Number	Rates per 1000 women 15 - 17 years 2014			% of conceptions leading to abortion
		Conceptions	Births	Abortions	
Bridgend	80	32.1	19.3	12.8	40.0
Neath Port Talbot	68	27.3	15.6	11.6	42.6
Swansea	85	21.7	11.0	10.7	49.4
Wales	1,371	25.4	13.8	11.7	45.8

Source: Office for National Statistics, Conceptions in England and Wales 2014



3. Birth Onwards

The Baby's First Two Years



Zac's Story

1-4 weeks



By the time Zac was born Louise had managed to quit smoking. She found it very difficult and it took her 3 attempts to quit for good. Following advice from their midwife on the increased risk of Sudden Infant Death Syndrome (SIDS) when someone in the house smokes, David had decided to quit too and quitting together really helped them both.

Louise had been told about the benefits of breastfeeding by her midwife and at her antenatal classes. She wasn't sure she would like it as she had friends who said it hurt but she decided to try. It was difficult at first but her maternity support worker helped her and after a few days Zac settled into a routine. She enjoyed having Zac close to her when he was feeding.

8 weeks

When Zac was 8 weeks old, Louise took him to her GP for his first vaccinations and health check. She wasn't sure what vaccinations he needed but had been told by her Health Visitor that they were really important as they would stop Zac getting certain illnesses and diseases. Zac cried a little when he had the injections but was soon happy and Louise was glad he was protected. Her Health Visitor had told her that she would need to take Zac for more vaccinations over the next few years and that she would receive a letter telling her when.

6 months

Louise had continued breastfeeding Zac and at 6 months was starting to think about giving him solid foods. David worked as a chef and was always trying out new recipes at home so he was very excited for Zac to start eating with him and Louise. David and Louise looked through the baby book they had been given and spoke to their health visitor about what they should be feeding Zac. They made sure that Zac had lots of fruit and vegetables and that his meals were free from salt and sugar. They mashed his food up at first so it was easier for him to eat and enjoyed watching him try new

flavours. He loved sweet potato and chicken but really didn't like tomatoes! After a few months they began giving him slices of soft food like banana and soon he was able to hold it himself. Zac loved feeding himself.

6-9 months

When Zac was 10 months old he got his first tooth. Louise bought him a special toothbrush and toothpaste. They tried to make teeth cleaning fun with games and songs. Zac didn't like it at first but after a few weeks got used to the feeling of the brush in his mouth. As the weeks went on he got more teeth and Louise and David made sure they brushed them every morning and night.

The 2014-15 dental epidemiological survey of five year olds in Wales reported that in ABMU Health Board 43% of five year olds surveyed had at least one tooth affected by decay. This is higher than the Wales average of 35.4% (CARDIFF UNIVERSITY, 2016). This figure has slowly decreased since 2007.

10-18 months

A few days after Zac turned one he took his first steps. He had been crawling for a while and standing with help from David or Louise. The Health Visitor had told them when Zac was born that it was important for him to be active and not to be lying or sitting down for too long. Louise made sure he played on the floor every day and also took him swimming once a week, which he loved. She did have the television on most days but tried not to keep it on longer than an hour or so. This way Zac played with his toys a lot more and moved around the floor. David had baby-proofed the house so Zac couldn't get into cupboards or up the stairs.

Enablers to Meeting Milestones; the Healthy, Happy, Growing Child

What we know

The following factors can increase the likelihood that a child will meet developmental milestones as expected:

Parenting and Relationships

Secure and loving relationships with parents and a good learning environment at home all contribute to a child's development, their emotional wellbeing and their ability to form positive relationships with others. By contrast, at this stage a lack of support, abuse or neglect can have severe and lifelong adverse impacts.

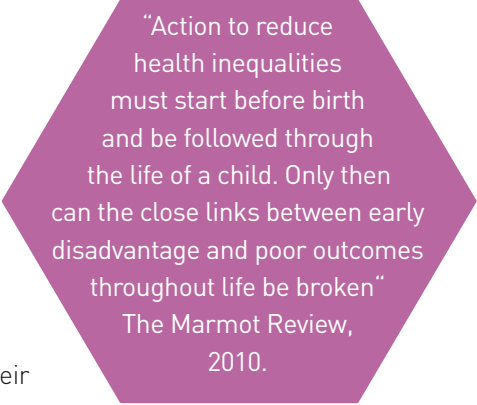


NSPCC programme "Baby Steps" is an ante/postnatal education programme delivered across the ABM area supporting those most in need to prepare for parenthood. Baby Steps incorporates the latest evidence about how to engage vulnerable parents, strengthen relationships and promote attuned parent-infant interactions.

Reducing the Impact of Deprivation

Poor social and economic circumstances affect health and well-being throughout life. Disadvantage has many forms and can include: having few family assets, a poorer education, a lower paid job or insecure employment, living in poor housing and trying to bring up a family in difficult circumstances. The consequences of poverty, higher levels of harmful behaviour and lower levels of protective behaviour are seen most clearly in the distribution of illnesses and health status. People in the most deprived areas have higher levels of mental illness, hearing and visual impairment, and long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis.

Research shows that what parents do with their children before they are three years old plays an important part in their development, having more of an effect, even than social background, on a child's readiness for school. ([NCT RESEARCH OVERVIEW, 2011](#)).



"Action to reduce health inequalities must start before birth and be followed through the life of a child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken"
The Marmot Review, 2010.

Children benefit most when they experience the consistent support and presence of caring adults – carers, parents or other family members – from the earliest possible age. Evidence shows that the most positive impact comes from families in terms of improved outcomes for children. This is followed by access to good quality early years provision which has the next largest impact on children's development by the age of 5. The evidence strongly shows that this is particularly important for disadvantaged children, and often helps parents to develop effective home learning environments." ([THE EARLY YEARS FOUNDATIONS FOR LIFE, HEALTH AND LEARNING](#)).

Adverse Childhood Experiences (ACEs)

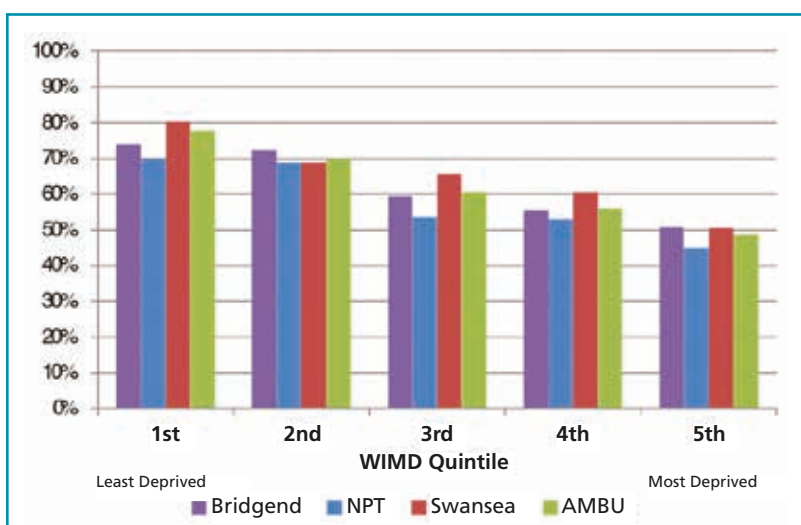
Multiple risk factors and adverse experiences can greatly increase the likelihood of poor outcomes for children. Research shows that children who have a difficult start in life can experience lifelong, personal, social and economic adversity. ([PUBLIC HEALTH WALES NHS TRUST, 2015](#)).

Breastfeeding

Breast milk provides all the goodness and nutrients a baby needs. Breast milk contains antibodies which will help give a baby immunity against common illnesses like colds and coughs. It also reduces the risk of Sudden Infant Death Syndrome (SIDS), diarrhoea and vomiting and in later life; Type 2 diabetes, obesity and adult cardiovascular disease. Breastfeeding can also help mothers form a strong emotional bond with their babies. ([BUMP, BABY AND BEYOND, 2014](#)).

Breastfeeding rates decrease between birth, 10 days, 6 weeks and six months. In 2015, 62% of mothers breastfed their babies at birth.

Figure 1. Breastfeeding initiation by deprivation quintile, ABM University Health Board resident mothers, 2014



Source: ABM University Health Board Informatics

Mothers who live in areas categorised as the least deprived are more likely to breastfeed than mothers living in most deprived areas. In 2014 there was a 29% difference in breastfeeding at birth between the least and most deprived communities in the ABM area.

Vaccinations

Immunisations are a safe and effective way to ensure babies are protected against disease.

Welsh Government has set a target for Health Boards that 95% of children under four years old are up to date with their vaccinations.

For the year 2015/16 ABM UHB did not meet the 95% target for four year olds. None of the Health Boards across Wales have met this target. The Public Health Team continue to work closely with the Health Board Immunisation Coordinator to target work aimed at increasing uptake in this age group.

Flying Start Midwives working across the region deliver antenatal information to the under 25's using a resource called 'Hello Baby'.

This is consistent with the Unicef UK maternity standards on the value of breastfeeding and the promotion of close and loving relationships.

This year, ABM Public Health Team offered support to GP Practices to hold a fluenz vaccination party. The parties were for two and three year olds eligible for their flu vaccination and aimed to increase uptake in this age group. Five practices took up the offer and held parties. Four practices demonstrated an increase in their uptake rates overall and one practice stayed at the same level as last year. Well done to our practices for their imaginative ideas, including Santas Grotto and a Frozen themed fancy dress party!

ABM vaccination highlights 2015/16

Fluenz vaccination
two and three year olds
34% uptake (VPDP, PHW, 2016)

Up to date at four years –
ABM 86.5 % Wales 85.3%
(COVER REPORT, PHW, 2016)

Smoking

Second hand smoke is the smoke you breathe in from other people's cigarettes. A baby/child is powerless to protect themselves from the dangers of second hand smoke.

Babies and children who are exposed to second hand smoke are more at risk of:

- ◆ Cot death
- ◆ Having damaged lungs
- ◆ Getting illnesses like coughs, colds, bronchitis and pneumonia
- ◆ Getting middle ear disease, which can cause deafness
- ◆ Getting asthma, or wheezing

A completely smoke free environment, including the home and car is the only way to make sure that a child is protected. There is no safe level of second hand smoke. [\(BUMP, BABY AND BEYOND, 2014\).](#)



Across ABM UHB all Community Midwives now have CO monitors to use with pregnant women at appointments, have received brief intervention training for smoking and can refer directly to Stop Smoking Wales.

Drugs and Alcohol

Substance misuse by a parent or carer is widely recognised as one of the factors that puts children more at risk of harm. The biggest risk posed to children is that parents, when under the influence of drugs or alcohol, are unable to keep their child safe. Common risks include overlay through co-sleeping and accidents caused through lack of supervision.

[\(NSPCC, 2016\).](#)

In order to keep children safe, drugs should be avoided and alcohol intake kept to a minimum.

In 2016, the alcohol guidelines were updated: Women should drink no more than 2-3 units per day. Men no more than 3-4 units per day. No more than 14 units per week for all and at least 2 alcohol free days per week.

Visit: www.drinkaware.co.uk for more information.

In ABMU we have a specialist midwife who cares for pregnant women with alcohol or substance misuse problems. The Specialist Midwife can offer care, support, advice and access to agencies that can offer reduction and rehabilitation programmes.

Healthy Eating

Eating well is important for the whole family and children are inevitably influenced by what their parents eat. Eating a variety of fruit and vegetables, limiting sugar, salt and fat intake, and keeping an eye on portion size are all great healthy eating habits and will reduce the likelihood of obesity related illnesses and diseases.

The revised Eatwell Guide has recently been launched. This replaces the Eatwell plate and takes into account the revised dietary recommendations for sugar and fibre. See NHS Choices for further details.



All ABM settings that are part of the Healthy and Sustainable Pre-School Scheme are invited to attend the Agored Cymru Level 2 Community Food and Nutrition Skills for Early Years course. As a result of completing this qualification settings have made some fantastic adaptations to the food and drink they provide to the children that attend their setting. Example menus are discussed on the course and have been used to inform and adapt existing menus. This helps to ensure that the children are having healthy, balanced meals that provide them with all the nutrients that a growing child requires. Staff that have attended the course have thoroughly enjoyed and returned to their work enthused, inspired and informed on the importance of good diet and nutrition for the healthy, growing child.



The following table demonstrates the percentage of four and five year olds who are overweight or obese (2014/15).

Table 4. Key data from the Child Measurement Programme for Wales, children aged 4 to 5 years, 2014/15

Area	Overweight %	Obese %	Total
Bridgend	14.5	11.7	26.2
Neath/Port Talbot	15.1	11.8	26.9
Swansea	14.1	11.8	25.9
ABM	14.5	11.8	26.3
Wales	14.5	11.6	26.1

Physical Activity

Active kids are happy kids - they like to be running around and having fun. Even before they can walk or run it's important that they're able to move around and not sat still for too long. Building daily physical activity into a family's life will help to keep everyone happy and healthy. [\[CHANGE 4 LIFE, 2016\]](#)

Healthy and Sustainable Pre-school Scheme

Launched nationally in 2011, the Healthy and Sustainable Pre-school Scheme (HSPSS) was developed as an extension of the Welsh Network of Healthy School Schemes (WNHSS).

Nationally, the HSPSS is a combination of all the 22 local county schemes, who each work locally and with some autonomy. The scheme has developed with local and national support from the WNHSS, and over 575 organisations are now involved. Settings are supported by their local practitioners and partnerships to embed health improvement practices into the daily life of their setting community.

Across ABMU there are 100 settings engaged in the scheme. This includes Flying Start settings; Childminders; Full Day Care; Cylch Meithrin; Wraparound and Playgroups. All settings work through the following seven health topics in a phased approach:

- ◆ Nutrition and Oral Health
- ◆ Physical Activity/Active Play
- ◆ Mental and Emotional Health, Wellbeing and Relationships
- ◆ Environment
- ◆ Safety
- ◆ Hygiene
- ◆ Workplace Health and Wellbeing

So far, 10% of settings have successfully completed all seven health topics.



What was Zac's Experience?

Just after Zac's first birthday, Louise returned to work part time at the school where she was a teaching assistant. On the days that she worked Zac attended a nursery nearby. When she visited the nursery to see if she would like Zac to go there they showed her a typical weekly food menu. They explained that as they were part of the Healthy and Sustainable Pre-schools Scheme they followed guidance on how to provide a balanced diet for the children they cared for. Louise was pleased with this and was happy that Zac would be eating healthy meals in nursery as well at home with her and David.



"Playing with children establishes and strengthens bonds that will last forever"

J. K. Anderson-McNamee and S. J. Bailey. (2010)

4. Early Years Priority Areas

Going Forward and Local Action

Adverse Childhood Experiences (ACEs)

Childhood experiences, both positive and negative, have an enormous impact on lifelong health and opportunity. Negative experiences such as abuse, neglect, witnessing domestic violence and growing up in a household where there is alcohol or drug abuse, affect many children.

Such experiences have been linked to future risky health behaviours, chronic health conditions and early death.

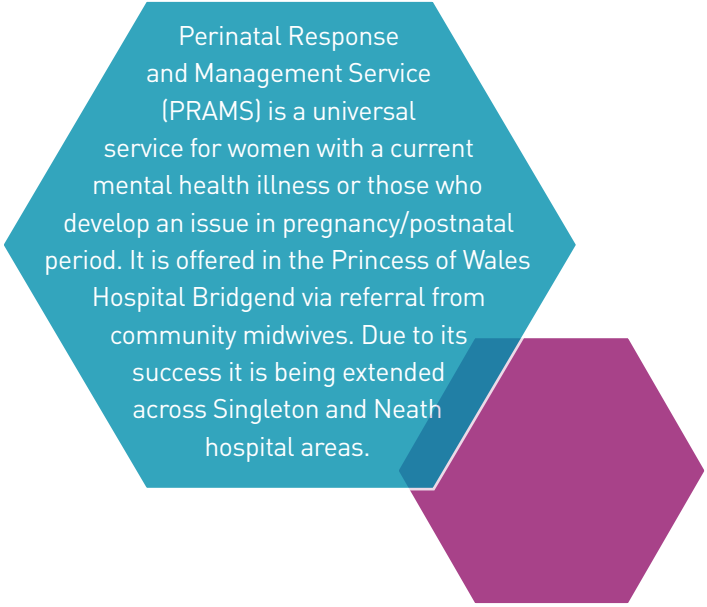
There is an increasing body of research showing the long-term harm caused by chronic stress during childhood. Collectively such childhood stressors are known as Adverse Childhood Experiences (ACEs).

Exposure to ACEs can alter how children's brains develop and the development of their immunological and hormonal systems.

As the number of ACEs increases, so does the risk for these outcomes. Children with the greatest exposure to ACEs are more likely to develop health-harming behaviours in adulthood - which often start in adolescence - such as smoking, binge drinking and drug use.

Such behaviour can cause individuals to progress more quickly to develop conditions such as diabetes, cancer, heart disease, mental illness and ultimately premature death. ([CENTERS FOR DISEASE CONTROL AND PREVENTION, 2013](#)).

In 2015, Public Health Wales collaborated with Liverpool John Moores University on the first ACE study for Wales. This entailed a national survey with more than 2000 adults in Wales who were asked about their current health behaviours and their exposure to ACEs. The study focused on identifying how health-harming behaviours such as drug use and binge drinking linked with people's experience of ACEs during childhood.



Perinatal Response and Management Service (PRAMS) is a universal service for women with a current mental health illness or those who develop an issue in pregnancy/postnatal period. It is offered in the Princess of Wales Hospital Bridgend via referral from community midwives. Due to its success it is being extended across Singleton and Neath hospital areas.

The findings published in the report (2015) show that ACEs have a major impact on the development of health-harming behaviours. The report also outlines a range of policies and programmes implemented in Wales to prevent ACEs and to help identify and intervene where children experience such adversity.

Currently, Public Health Wales have initiated an 'Early Years Collaborative' working closely with partners including the Welsh Local Government Association (WLGA) focusing on strengthening work across Wales which can help prevent ACEs and improve health, social and educational outcomes for all children in the first 1000 days of life, from conception to age two.

ABM Public Health Team are supportive of this collaborative and will work towards incorporating any learning outcomes into future work plans.

Physical Activity: The Importance of Play

From birth to five years, physical activity is critical for optimal growth and development.

Research shows that children who spend more time outside are more physically active than those who spend a lot of time inside. (GRAY ET AL, 2015).

This is because outdoor activities are more energetic (moderate to vigorous activity) than indoor physical activities and it displaces sedentary time.

The importance of play for cognitive, social and wellbeing in the early years is well established.

(GINSBURG, 2007).

Guidelines for under 5's who are not yet walking

(START ACTIVE, STAY ACTIVE (2011):

- ◆ Physical activity should be encouraged from birth, particularly through floor based play and water based activities in safe environments
- ◆ The amount of time spent sedentary (being restrained or sitting for extended periods, except sleeping) should be minimised

Examples, 'Tummy time' – this includes any time spent on the stomach such as rolling and playing on the floor, reaching for or grasping objects, pulling, pushing and playing with other people.

Guidelines for under 5's who are capable of walking

(START ACTIVE, STAY ACTIVE (2011):

- ◆ Physically active daily for at least 180 minutes (3 hours) spread throughout the day
- ◆ The amount of time spent sedentary (being restrained or sitting for extended periods, except sleeping) should be minimised

Examples, energetic play, e.g. climbing frame or riding a bike, walking or skipping to the shops, park or to and from school.

10 Steps to a Healthy Weight

Public Health Wales have developed 10 evidence based positive actions that if taken will prevent children being overweight or obese by the time they go to school, starting pre-pregnancy. The 10 Steps were developed to help to align action across the system so all organisations are working towards the same goals and focusing on the factors that are most important. Resources are being developed for the public and professionals.

For more information please visit the website

www.publichealthwales.org/10steps and

www.iechydycyhoedduscymru.org/10cam.



'Promoting Physical Activity across ABMU' Partnership Group

This group has been established by the Chair of ABM University Health Board to bring together partners working on physical activity and align priorities and resources. A local physical activity strategy is being developed to inform the work of the group.

Children and Young People's Commissioning Board (CYPCB)

The CYPCB is made up of representatives from the Health Board, Public Health Wales, Primary Care, Third Sector and Local Authorities. Children and young people are represented by stakeholders.

The aim of the Board is to improve outcomes for children and young people across the ABM area.

Main priorities for 2016/17

1. Children and young people have good emotional health and wellbeing

- ◆ Review the Emotional Health & Wellbeing pathway for CYP and recommended pathways of care improvements to include:
 - Initial redesign of Tier 3 Child and Adolescent Mental Health Service (CAMHS) and the development of a service specification with clear standards of care
 - Redesign of Tiers 1 & 2 with development of a service specification with clear standards of care

2. Narrowing the gap in developmental milestones across the social gradient for all children by age three years

- ◆ Review the early years pathway for all children up to 3 years and recommend pathways of care improvements to include equitable, evidence-based service provision for early years intervention care and support

3. Increase the percentage of babies being breastfed at birth, six weeks and beyond

- ◆ Review current provision for breastfeeding support and propose recommendations based on best practice and a sound evidence base for how the UNICEF UK BFI standards could be achieved consistently across ABM

Key outcomes

- ◆ Children reach their potential
- ◆ Children are given the best start in life

Key indicators

- ◆ School readiness: Percentage of children achieving a good level of development at the end of reception (linked into Healthy Cities Early Years Programme)
- ◆ Breastfeeding – initiation
- ◆ Breastfeeding – prevalence at 6-8 weeks following birth



Healthy City Swansea

Swansea has been a WHO designated Healthy City since 2010. The overarching aim is to reduce health inequalities through tackling the social determinants of health.

The Healthy City Board is working to improve young children's development outcomes and improve their life chances with a clear aim on closing the gap in readiness for school between advantaged and disadvantaged groups through:

- ◆ Increasing awareness of nursery and school readiness through a universal approach (city-wide evidence based parenting programme with parent produced messages)
- ◆ Assessment and signposting
- ◆ Service reorientation and development
- ◆ Data and service quality

The Healthy City Board is a multidisciplinary team made up of partners from Public Health Wales, ABMU Health Board, Swansea Council, Swansea Council for Voluntary Services, Swansea University and fire and police partners

Achievements over the last year:

Home links: Three primary schools in Swansea and Bridgend have shared best practice by encouraging parental engagement with activities for babies and toddlers. This includes support for early language and numeracy skills, toileting, dressing and healthy eating. This has been possible through the building of good relationships with parents before the child begins nursery.

A Family of Dogs (The Jacks) are supporting the messages developed with the help of parents and 400 school children:



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With
thanks to
all the people
and organisations
that make this work
possible across
ABM Health
Board area.

Report Cards

**The following section of the
Director of Public Health's
Annual Report features the
latest performance data.**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

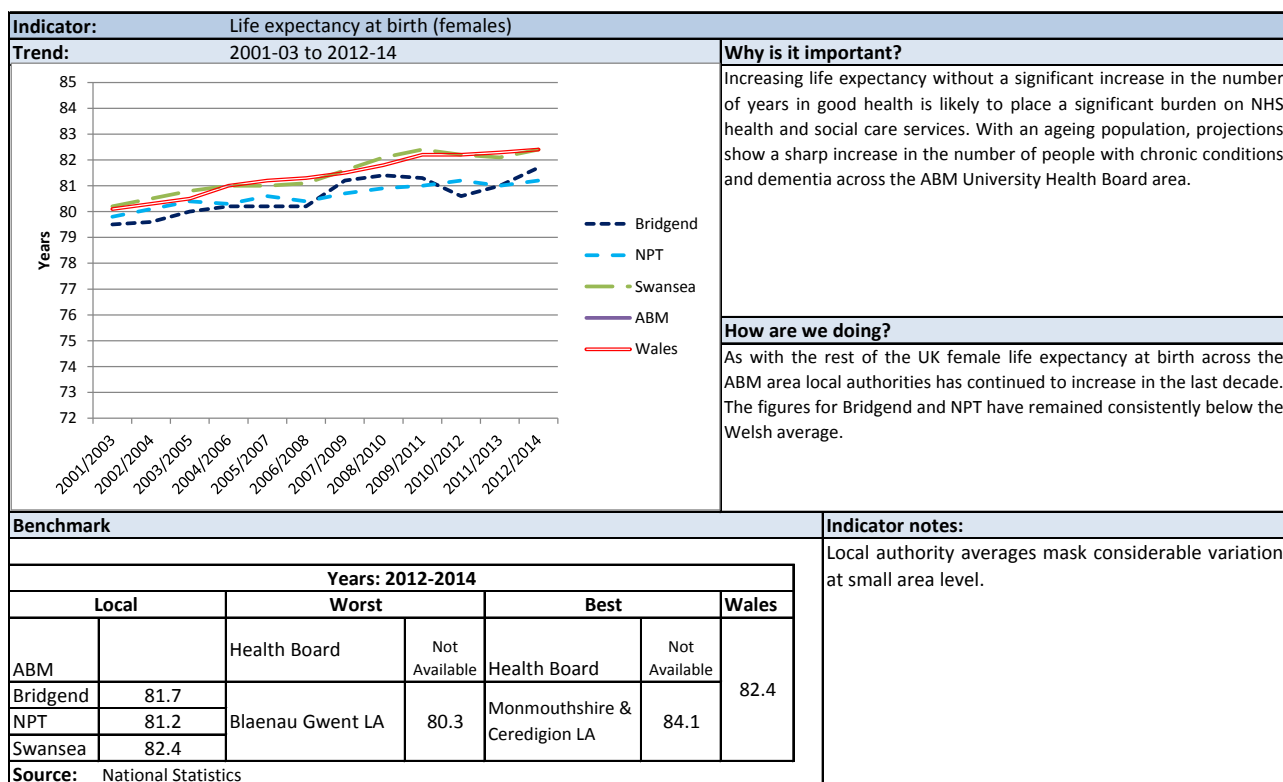
ABM University Health Board

Public Health Performance Framework Indicator Report Cards June 2016

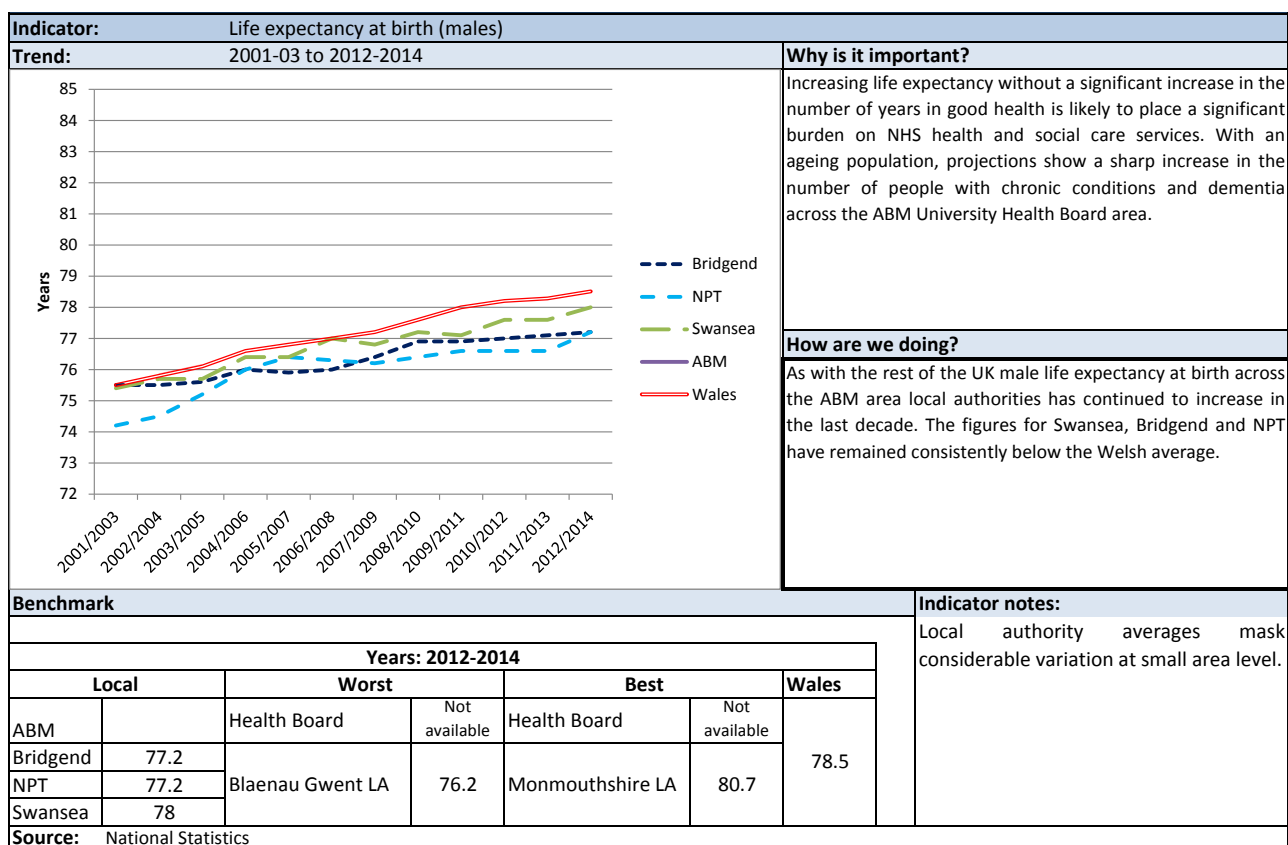
WORSE than Welsh average		NB: This is not based on statistical significance.
EQUAL TO OR BETTER than Welsh average		
SAME as the Welsh average		

Indicator	Indicator domain	Indicator	Status			
Indicator Report Cards (06/16)			ABM	Bridgend	NPT	Swansea
S1 (f)	Life expectancy	Life expectancy at birth (female)		WORSE	WORSE	SAME
S1 (m)	Life expectancy	Life expectancy at birth (male)		WORSE	WORSE	WORSE
S2 (f)	Life expectancy	Healthy life expectancy (female)	WORSE	WORSE	WORSE	BETTER
S2 (m)	Life expectancy	Healthy life expectancy (male)	WORSE	WORSE	WORSE	BETTER
S3 (f)	Inequalities	Slope index of inequality (female)	WORSE	WORSE	WORSE	BETTER
S3 (m)	Inequalities	Slope index of inequality (male)	WORSE	WORSE	BETTER	WORSE
Health improvement (health, wellbeing & inequalities)						
HI1	Obesity	% of adults who are overweight or obese	BETTER	BETTER	WORSE	BETTER
HI2	Obesity	% of adults who are obese	WORSE	BETTER	WORSE	BETTER
HI3	Obesity	% of children (age 4-5) who are overweight or obese	WORSE	BETTER	WORSE	BETTER
HI4	Obesity	Physical activity: % of adults meeting physical activity guidelines	WORSE	WORSE	WORSE	BETTER
HI5	Obesity	Physical activity: Number of referral to NERS				
HI6	Obesity	Healthy eating: % of adults eating 5+ fruit and vegetables	WORSE	WORSE	WORSE	WORSE
HI7	Obesity	Breastfeeding: % of babies breastfed at birth	BETTER			
HI8	Smoking	% of adults who currently smoke	BETTER	BETTER	WORSE	BETTER
HI9	Smoking	% of smokers accessing smoking cessation services and % CO validated quitters at 4 weeks	BETTER			
HI10	Smoking	% of children aged 11-16 who smoke	BETTER			
HI11	Alcohol	% of adults drinking above alcohol guidelines on at least one day per week	WORSE	BETTER	BETTER	WORSE
HI12	Alcohol	% of adults binge drinking on at least one day per week	WORSE	WORSE	BETTER	WORSE
HI13	Sexual health	Rate of teenage conceptions <18 per 1,000 population	WORSE	WORSE	WORSE	BETTER
HI14	Inequalities	Child poverty: % of children in households with less than 60% median income		WORSE	WORSE	SAME
HI15	Inequalities	% 15 year olds achieving 5 GCSEs (A*-C)		BETTER	BETTER	BETTER
HI16	Inequalities	% working age people employed		BETTER	WORSE	WORSE
HI17	Oral health	dmft age 5	WORSE	WORSE	WORSE	WORSE
Health protection						
HP1	Vaccination	Uptake of influenza vaccination: 65+	WORSE	BETTER	WORSE	WORSE
HP2	Vaccination	Uptake of influenza vaccination: under 65 at risk	WORSE	WORSE	WORSE	WORSE
HP3	Vaccination	Uptake of influenza vaccination: pregnant women	BETTER			
HP4	Vaccination	Uptake of influenza vaccination: healthcare workers	BETTER			
HP5	Vaccination	Vaccination of children to age 4: 5in 1 age 1	BETTER	BETTER	BETTER	BETTER
HP6	Vaccination	Vaccination of children to age 4: Meningococcal Group C Vaccine	BETTER	BETTER	BETTER	BETTER
HP7	Vaccination	Vaccination of children to age 4: MMR 1 age 2	WORSE	BETTER	WORSE	WORSE
HP8	Vaccination	Vaccination of children to age 4: PCV age 2	BETTER	BETTER	BETTER	WORSE
HP9	Vaccination	Vaccination of children to age 4: Hib / Men C booster age 2	WORSE	BETTER	WORSE	WORSE
HP10	Vaccination	Vaccination of children : MMR 2 age 5	BETTER	BETTER	BETTER	BETTER
HP11	Vaccination	Vaccination: uptake of scheduled vaccinations age 4	BETTER	BETTER	BETTER	BETTER
Health services						
HS1	Morbidity	Rate of emergency admissions for hip fractures aged 65+	WORSE	WORSE	WORSE	WORSE
HS2	Screening	Breast screening: % eligible women screened	BETTER	BETTER	BETTER	BETTER
HS3	Morbidity	% Low birth weight babies	BETTER	BETTER	BETTER	BETTER

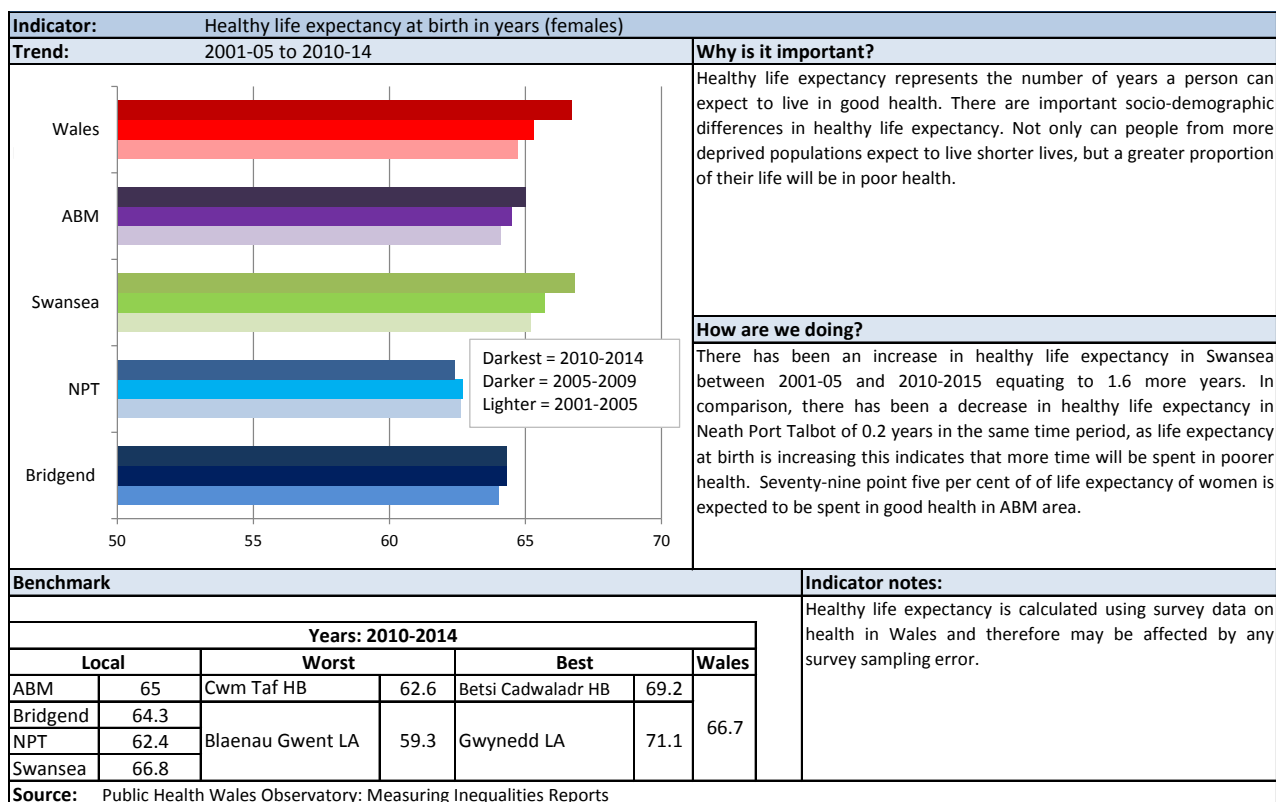
Report card: S1 (f) Life expectancy



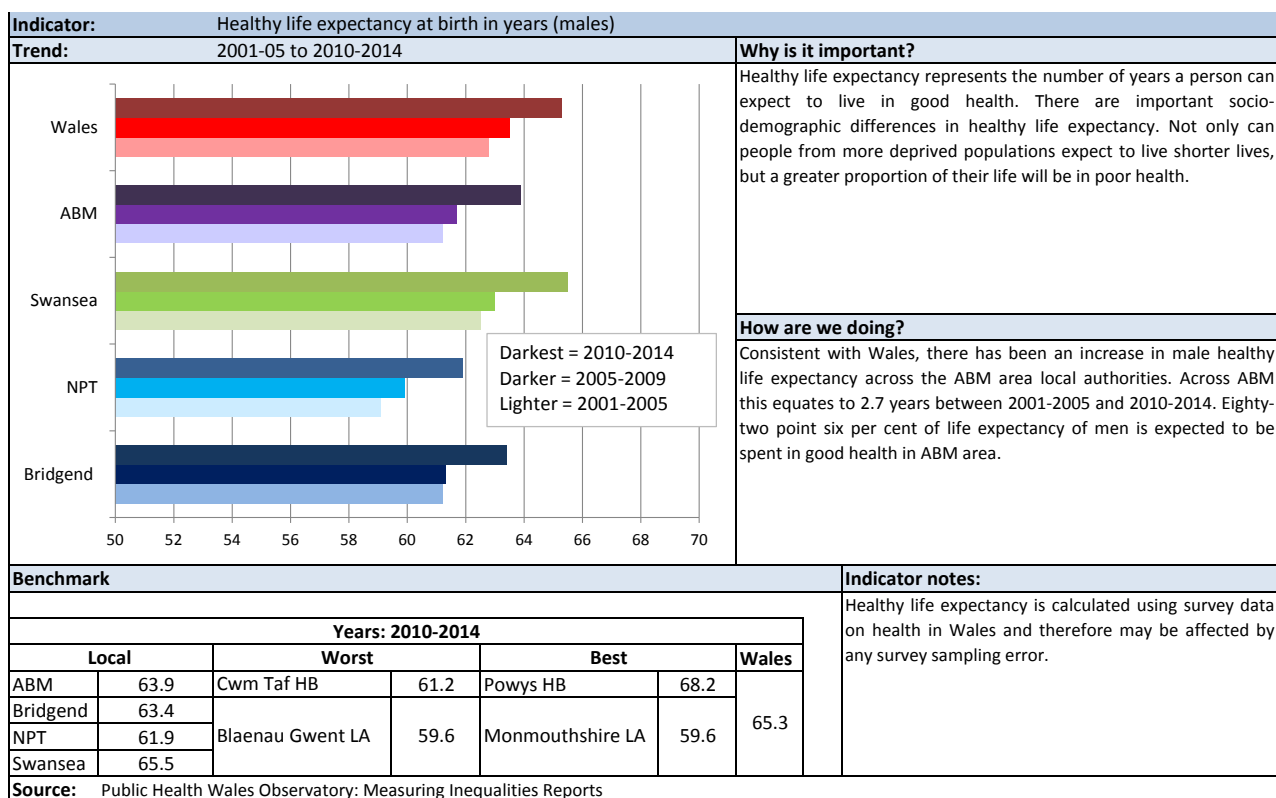
Report card: S1 (m) Life expectancy



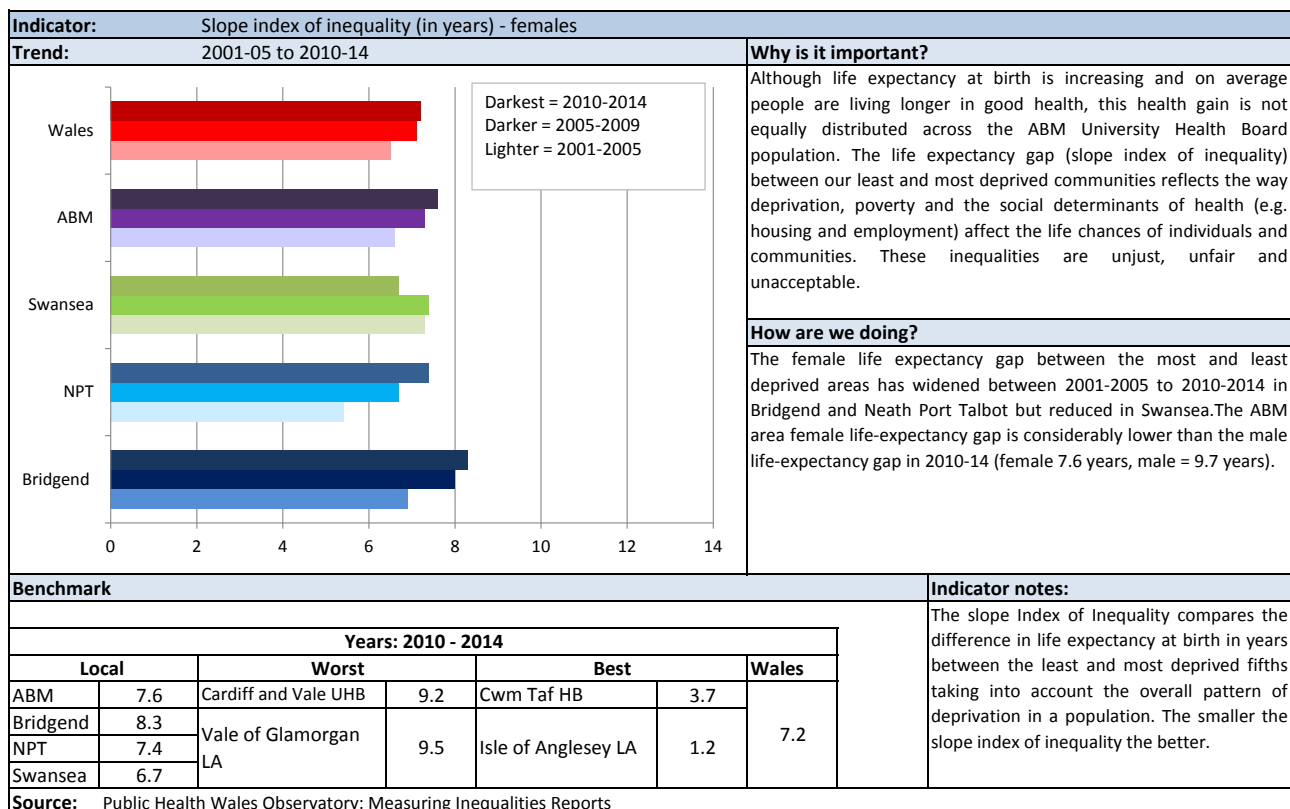
Report card: S2 (f) Healthy life expectancy



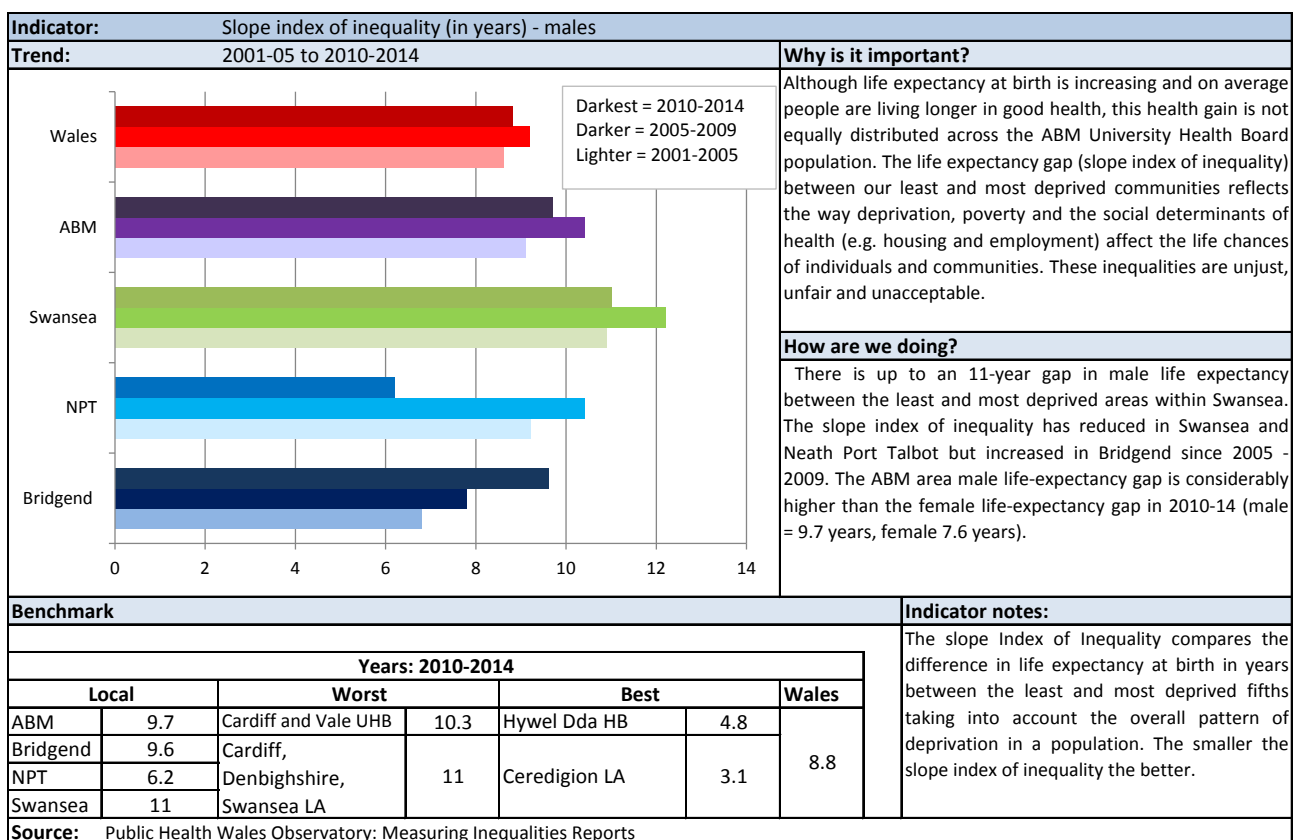
Report card: S2 (m) Healthy life expectancy

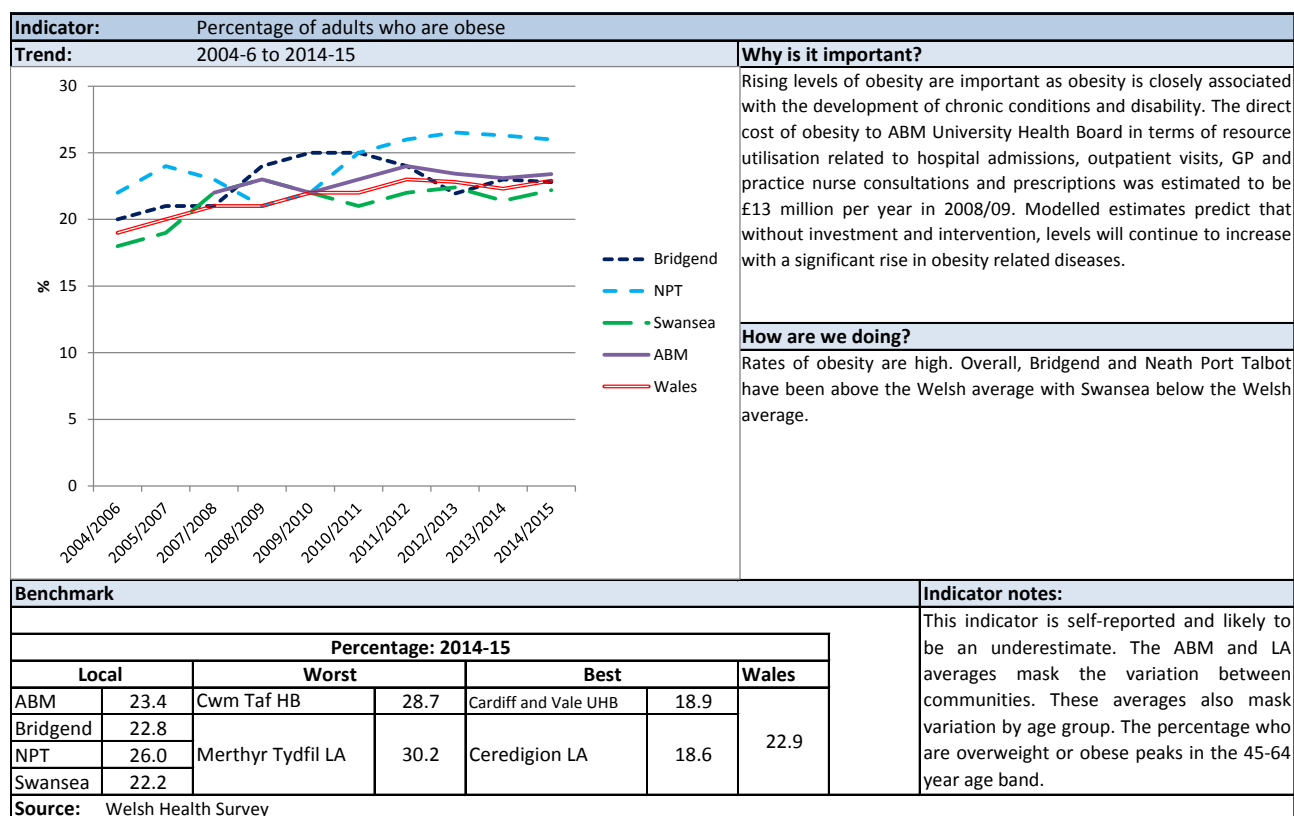
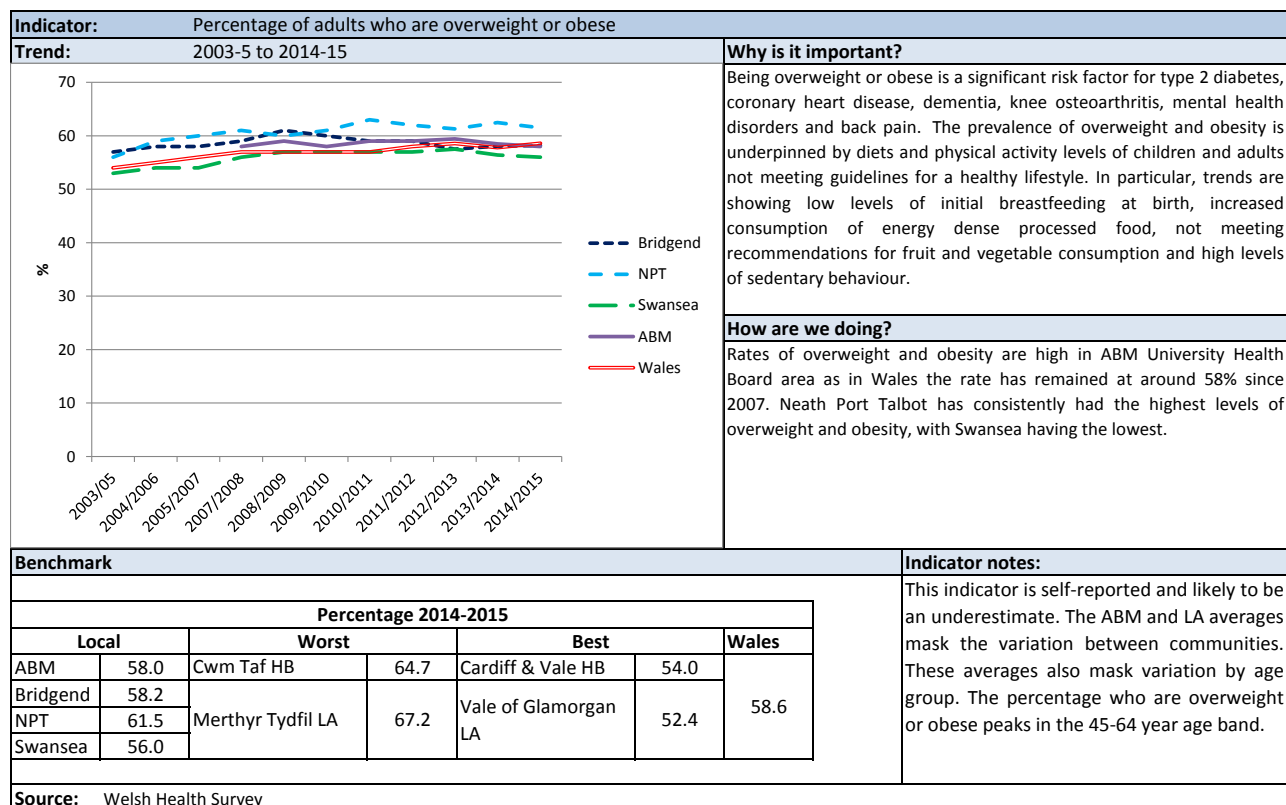


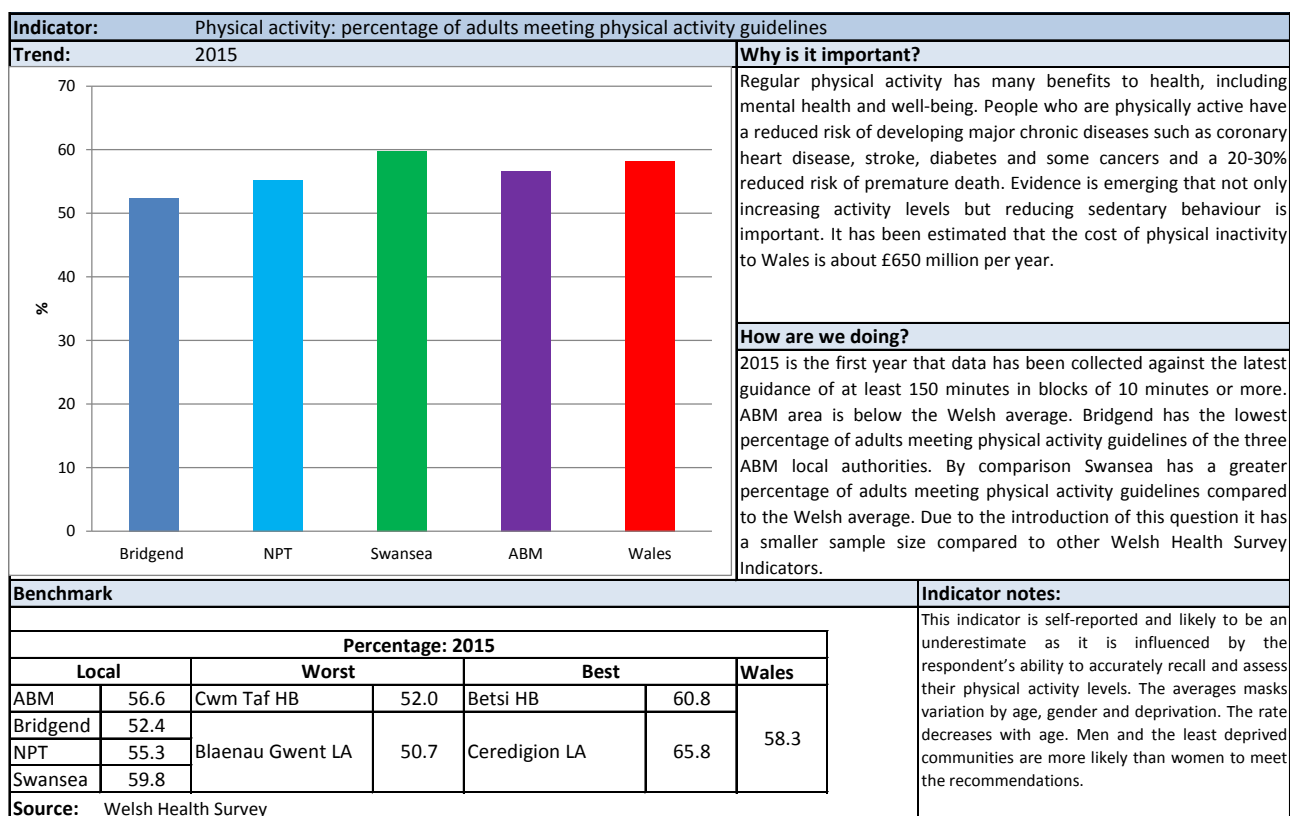
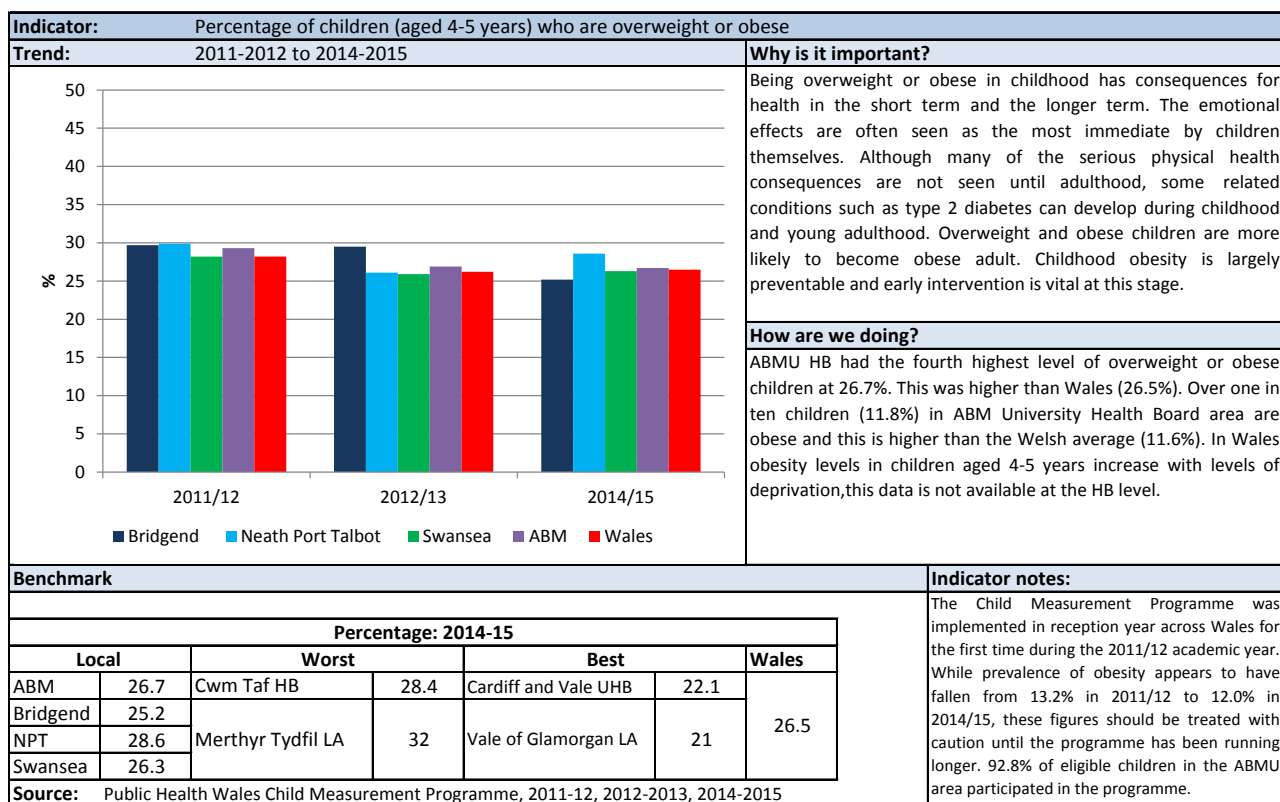
Report card: S3 (f) Inequalities

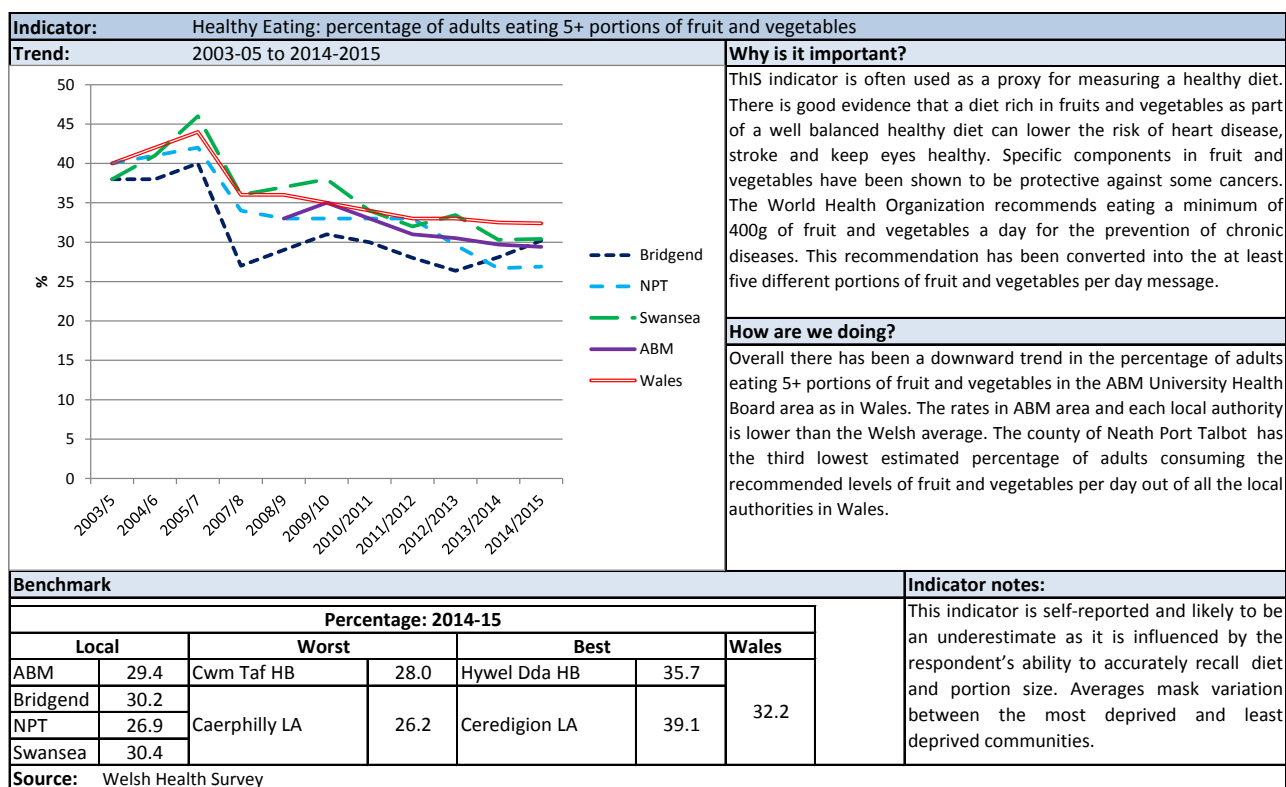
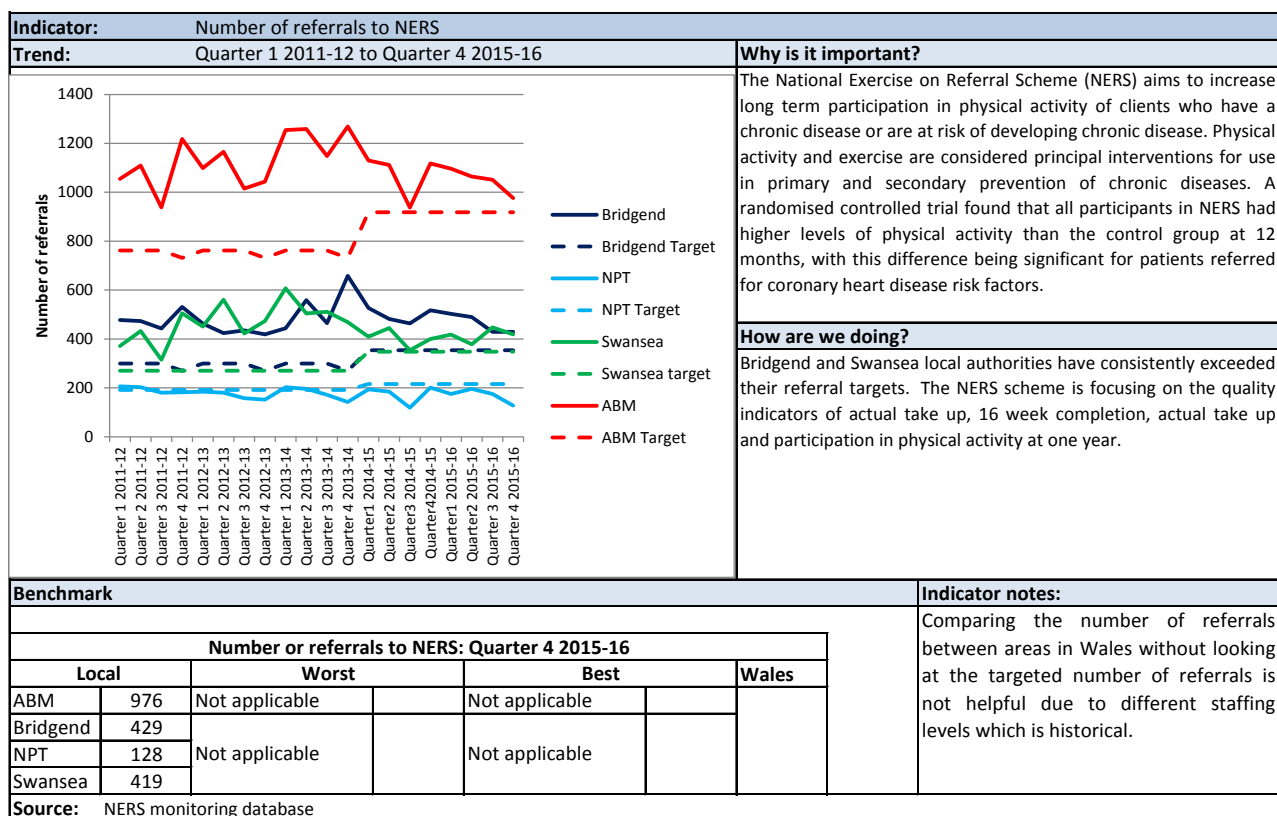


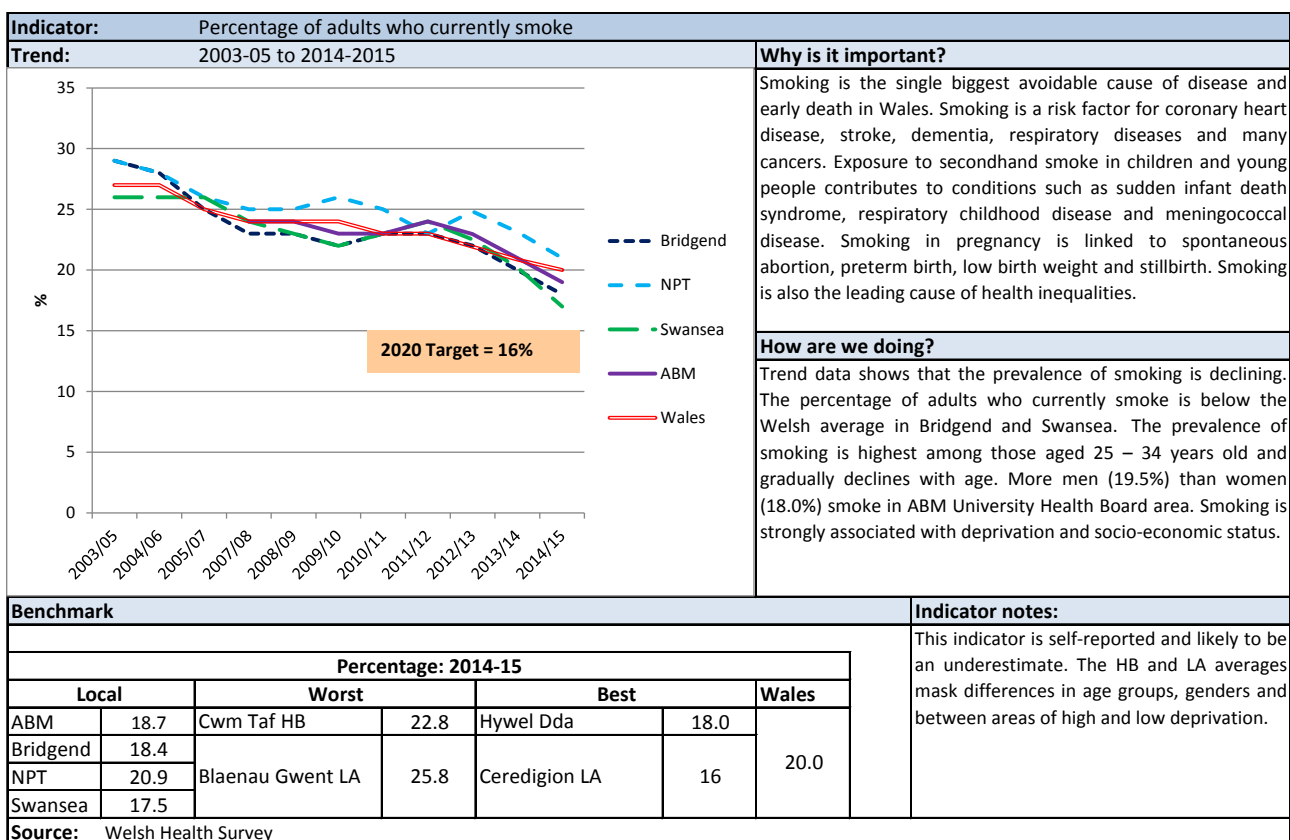
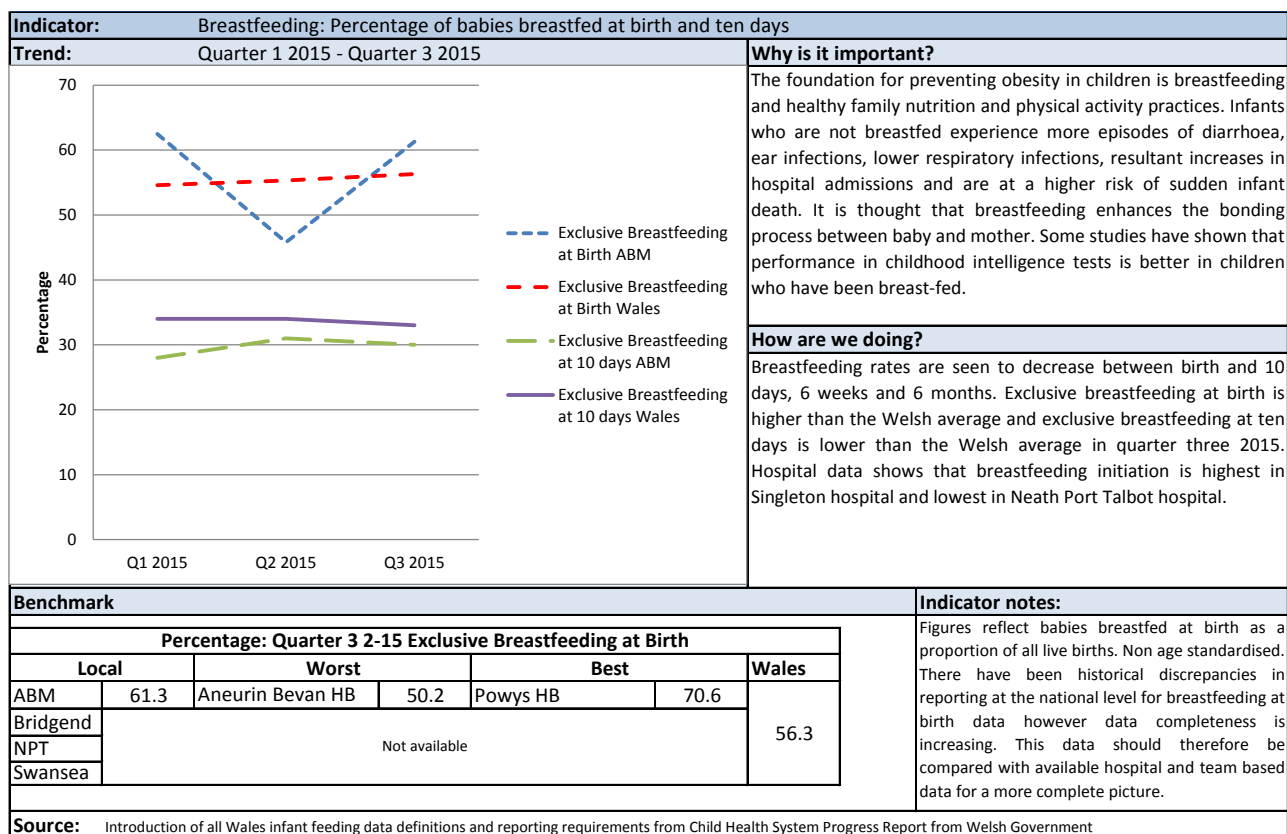
Report card: S3 (m) Inequalities



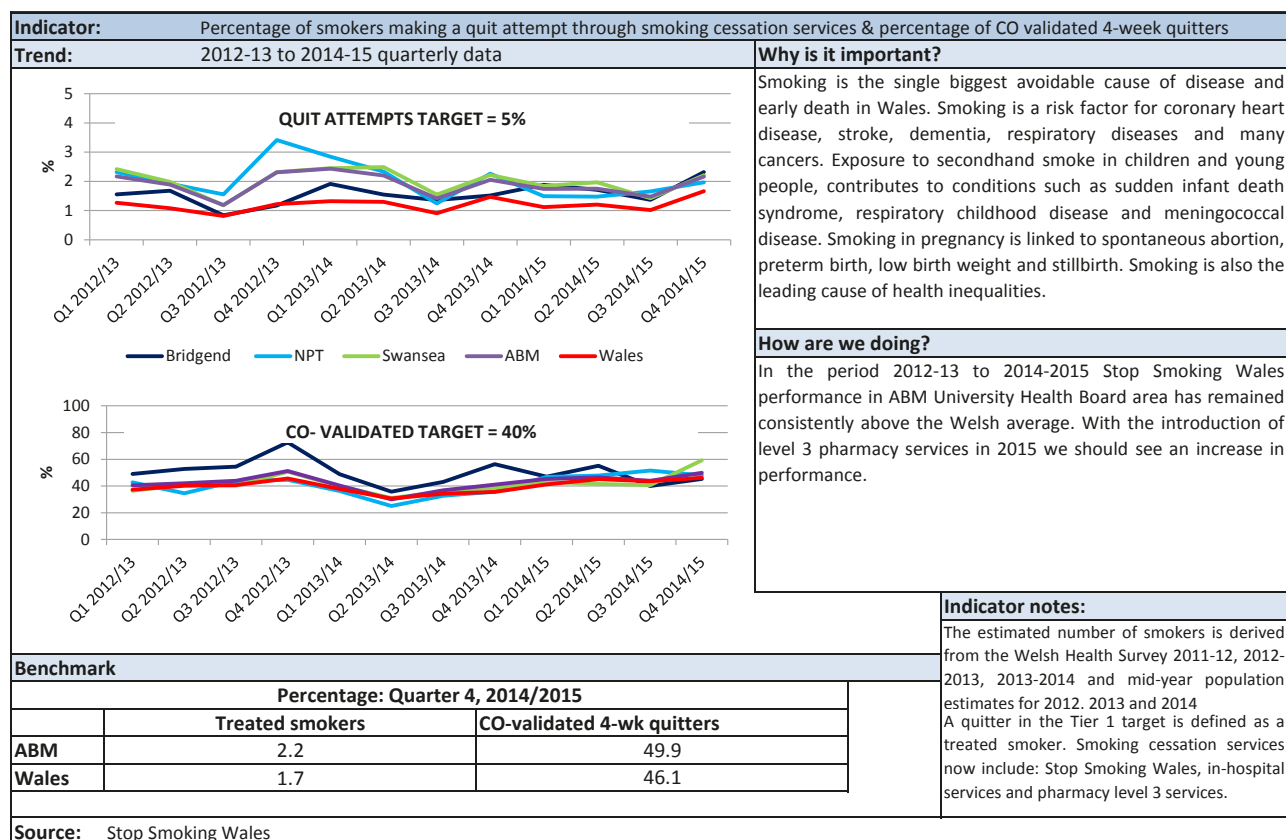




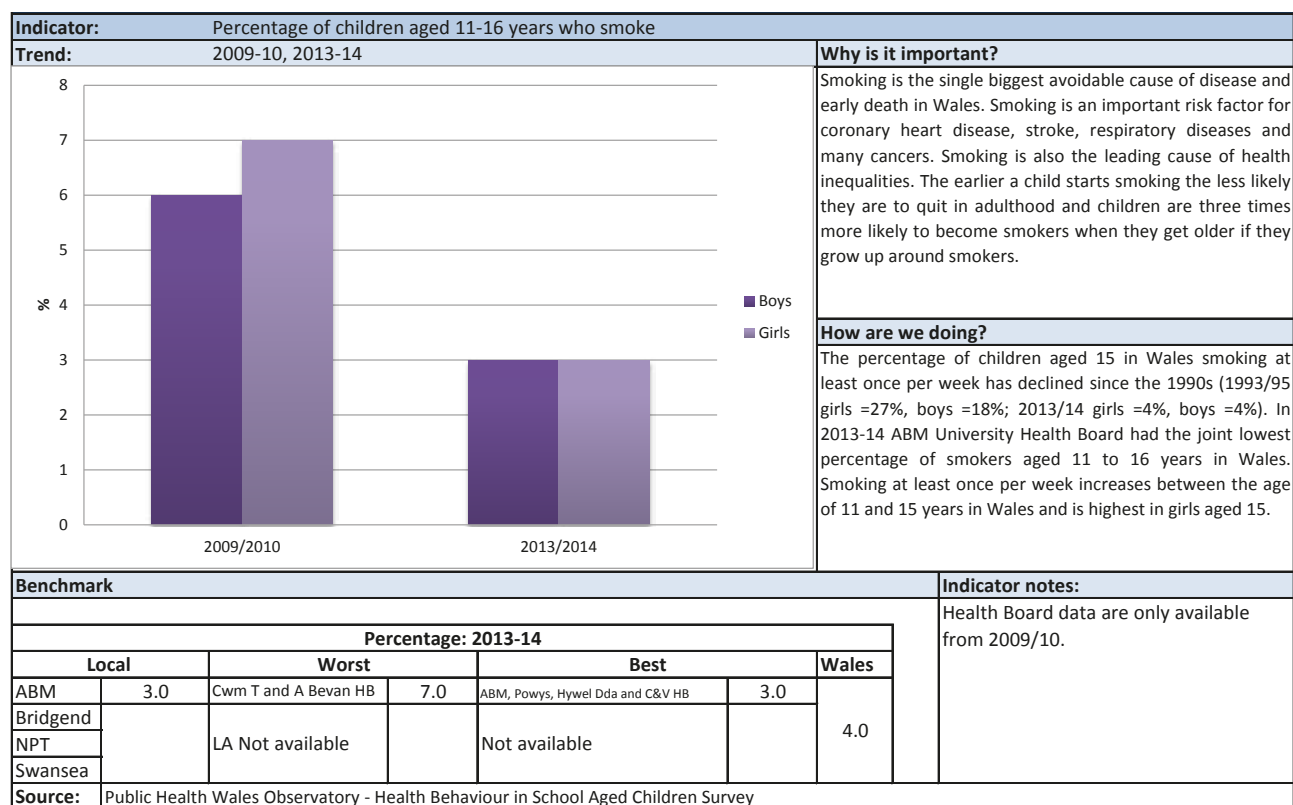




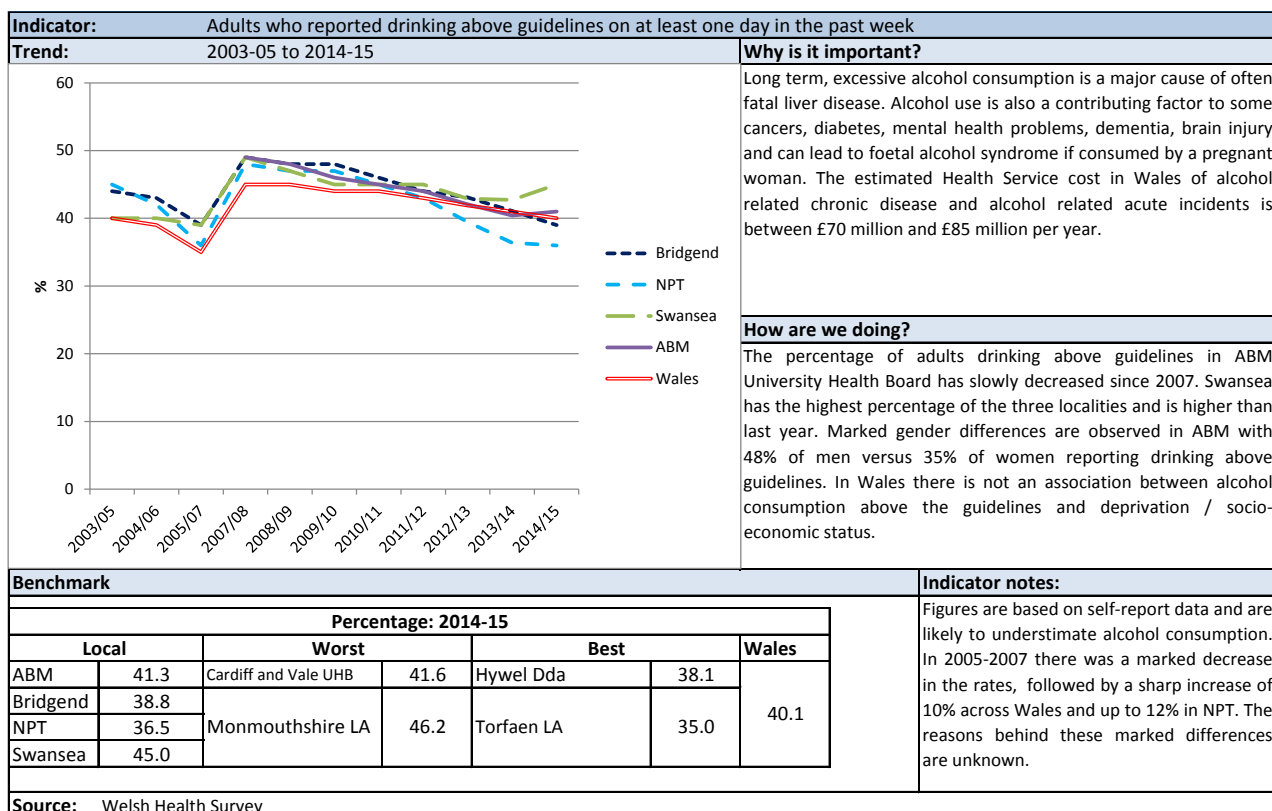
Report card: HI9 Smoking



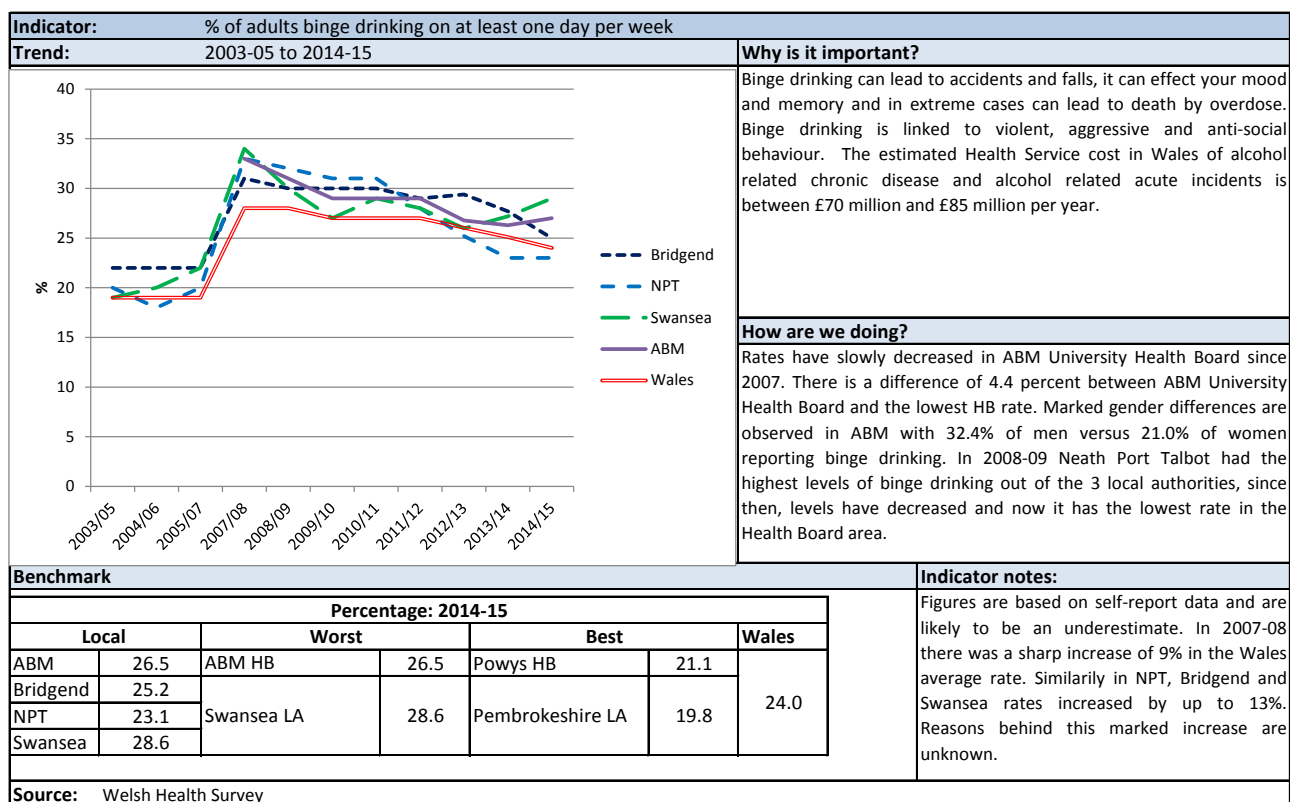
Report card: HI10 Smoking



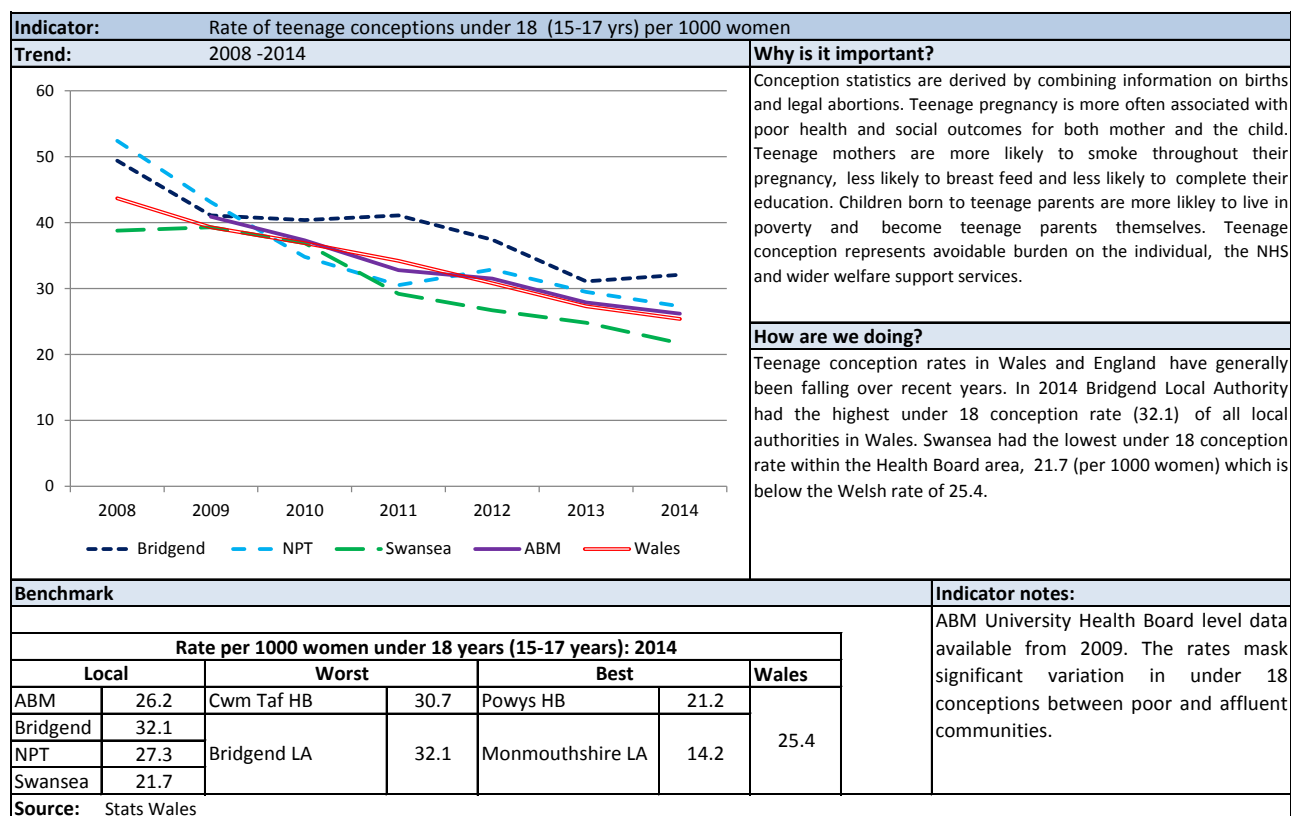
Report card: HI11 Alcohol



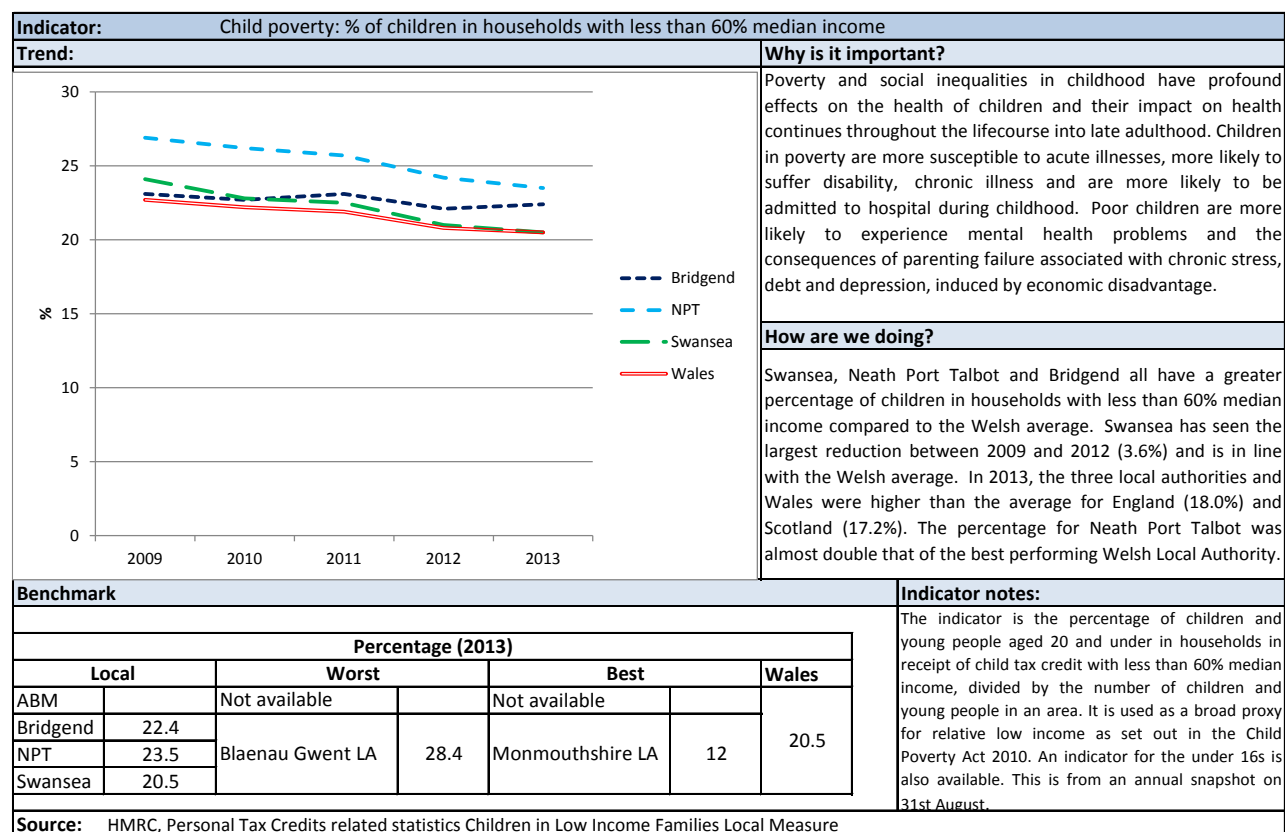
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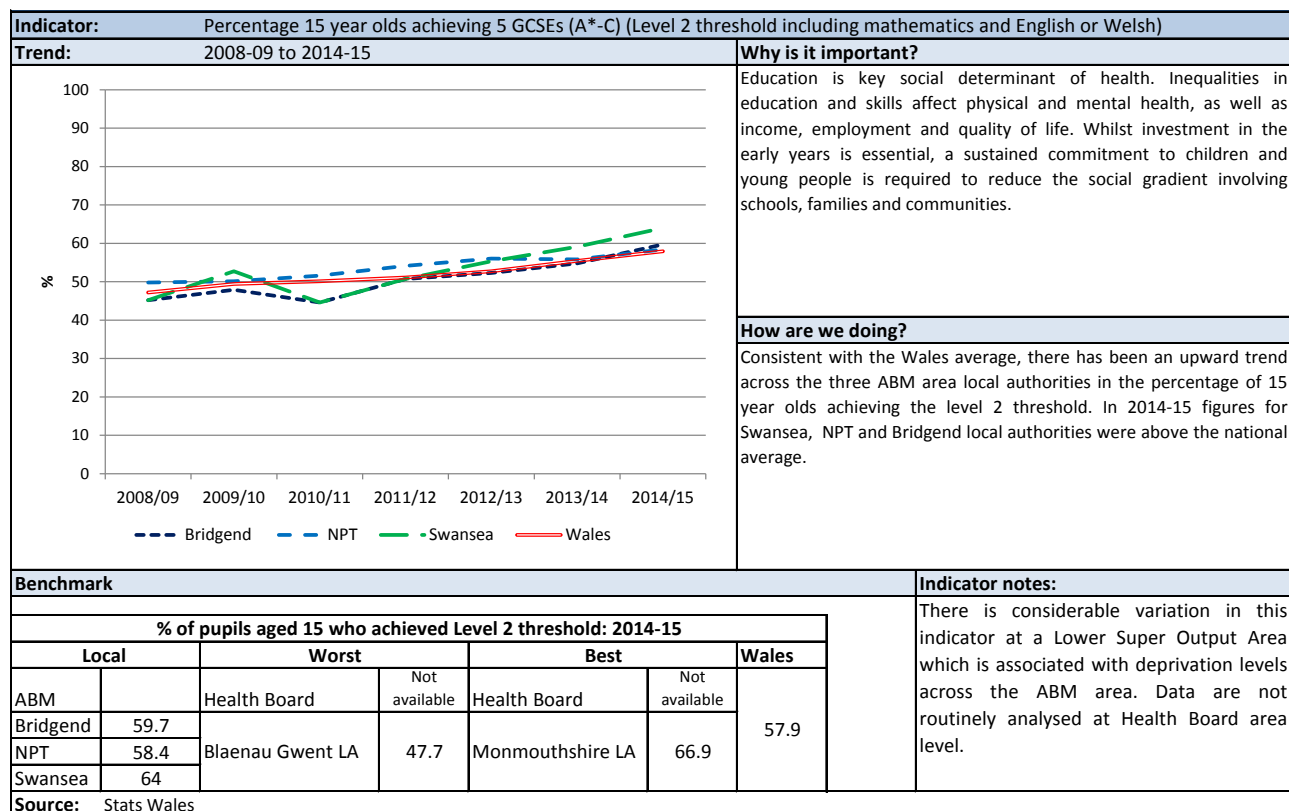
Report card: HI13 Sexual health



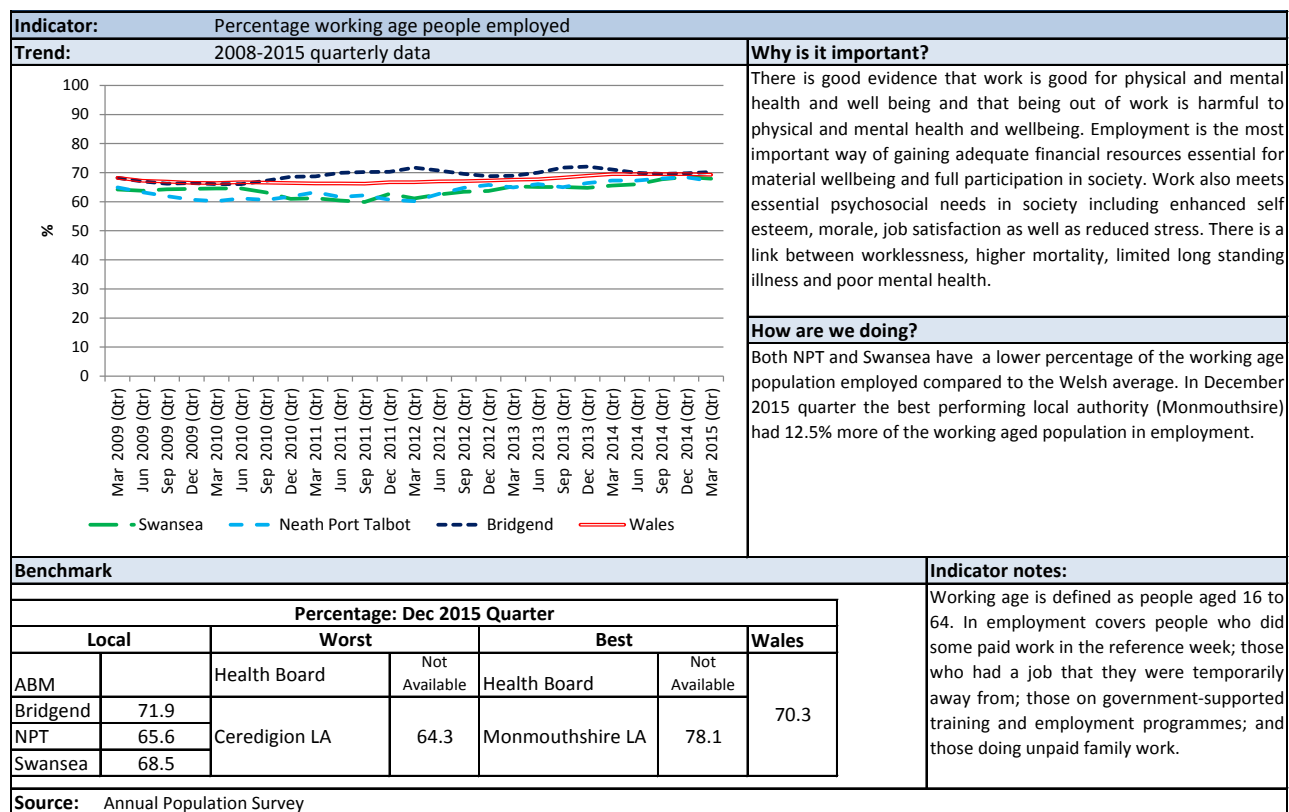
Report card: HI14 Inequalities



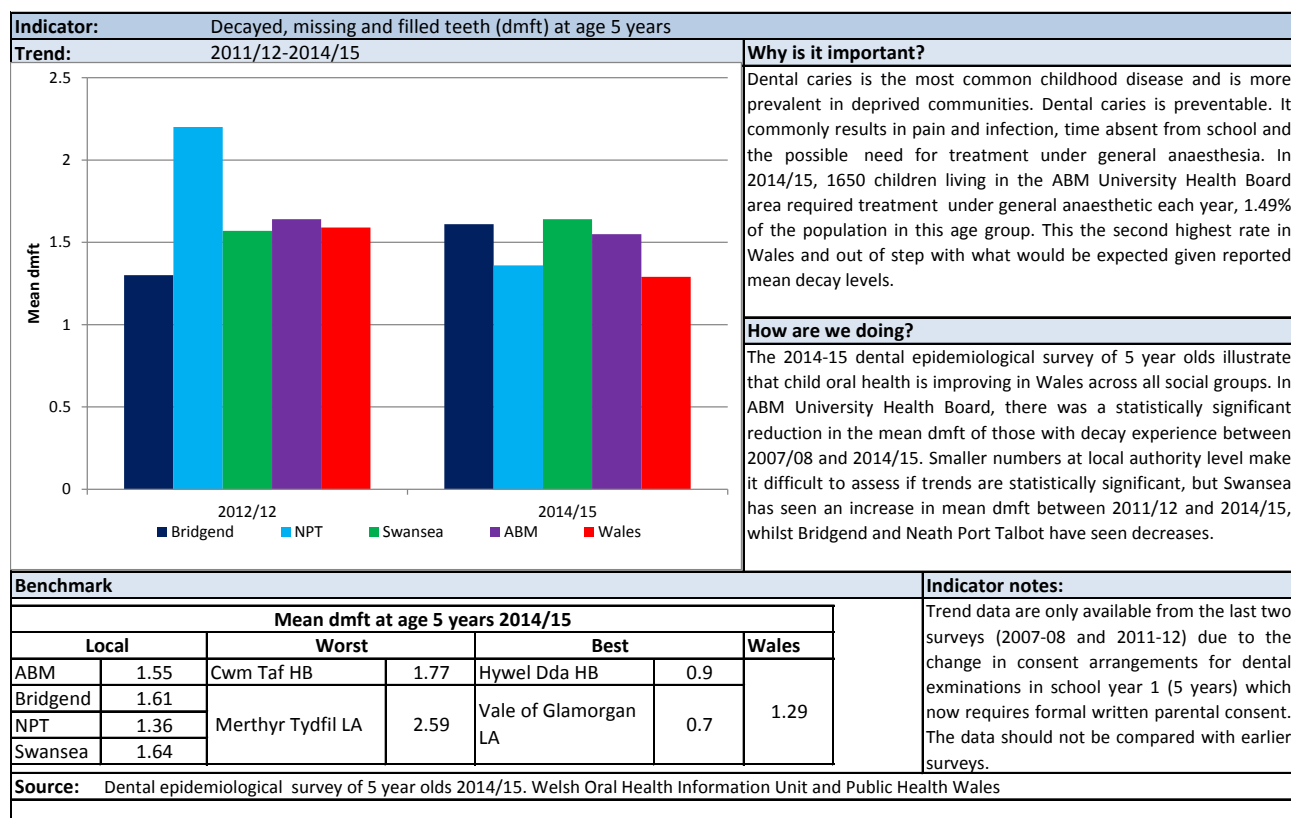
Report card: HI15 Inequalities



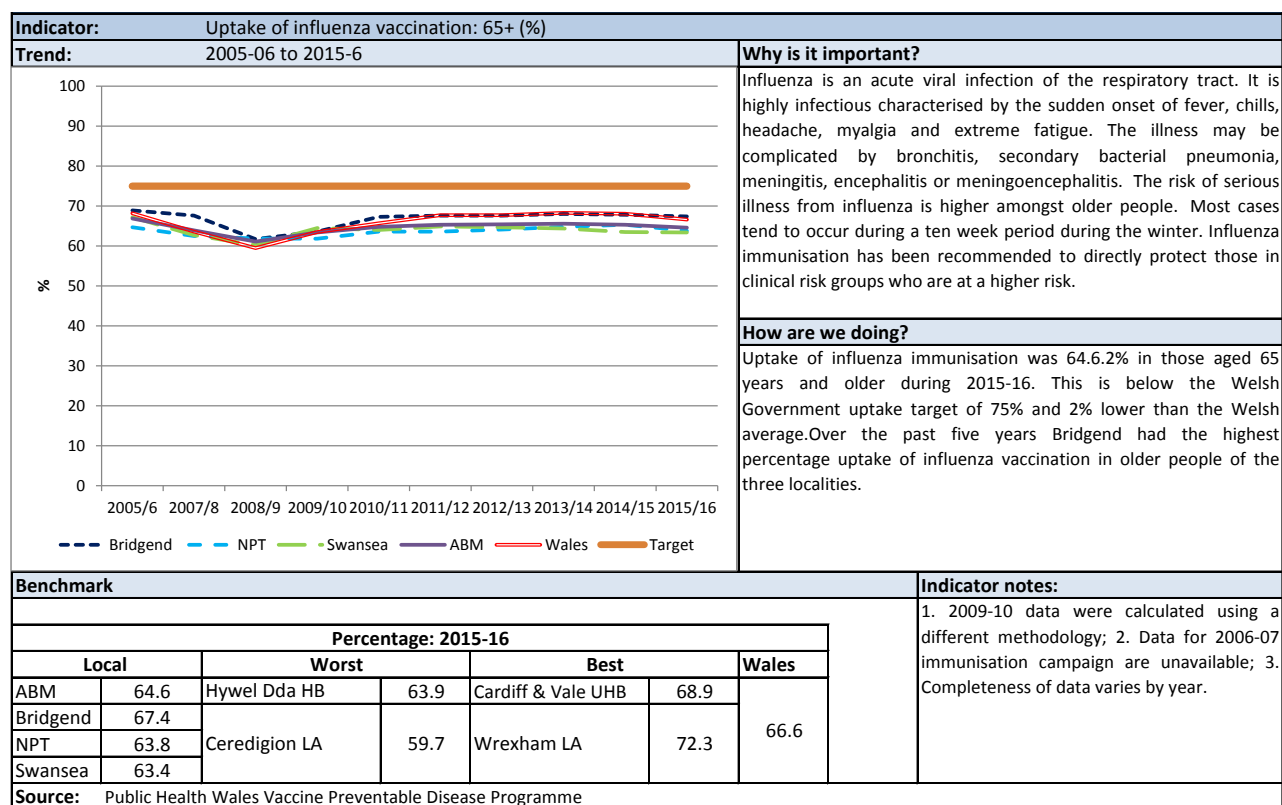
Report card: HI16 Inequalities



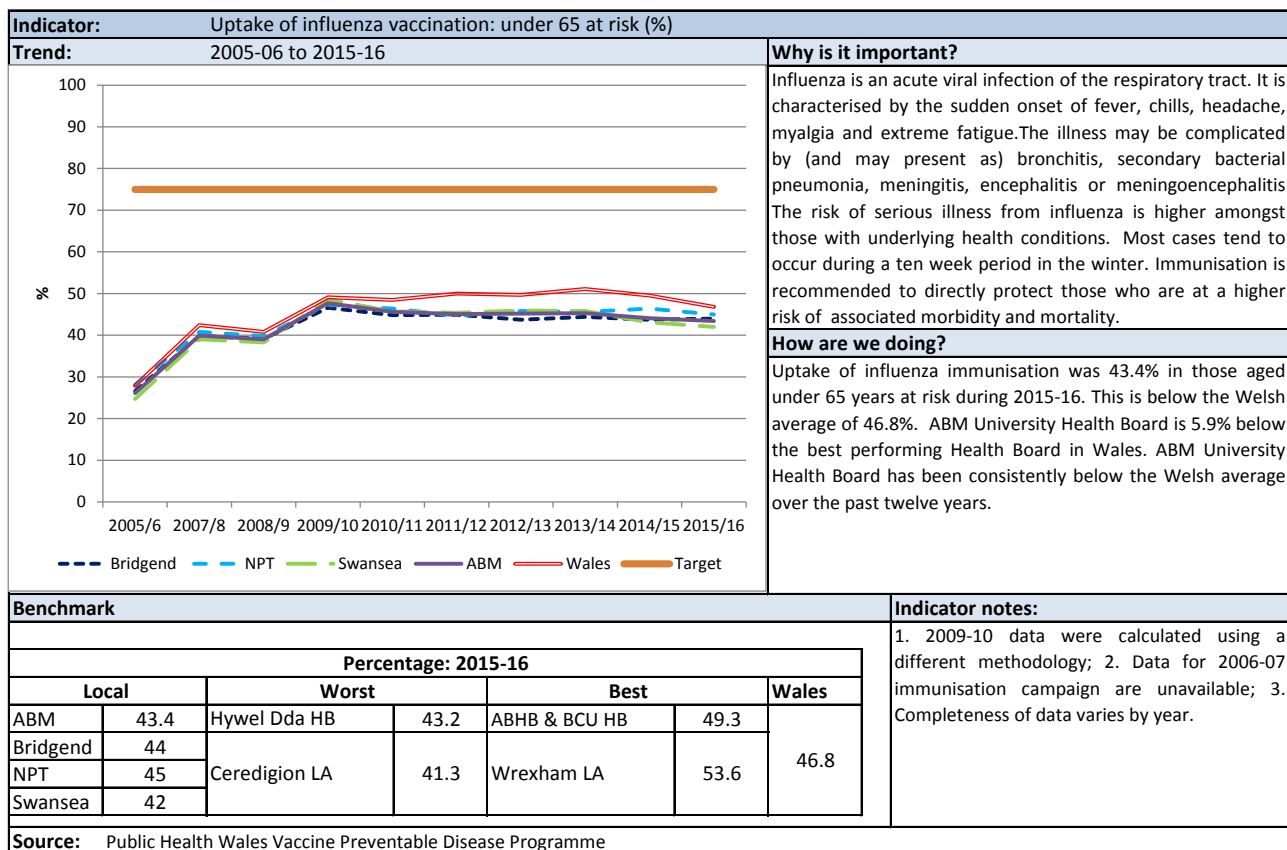
Report card: HI17 Oral health



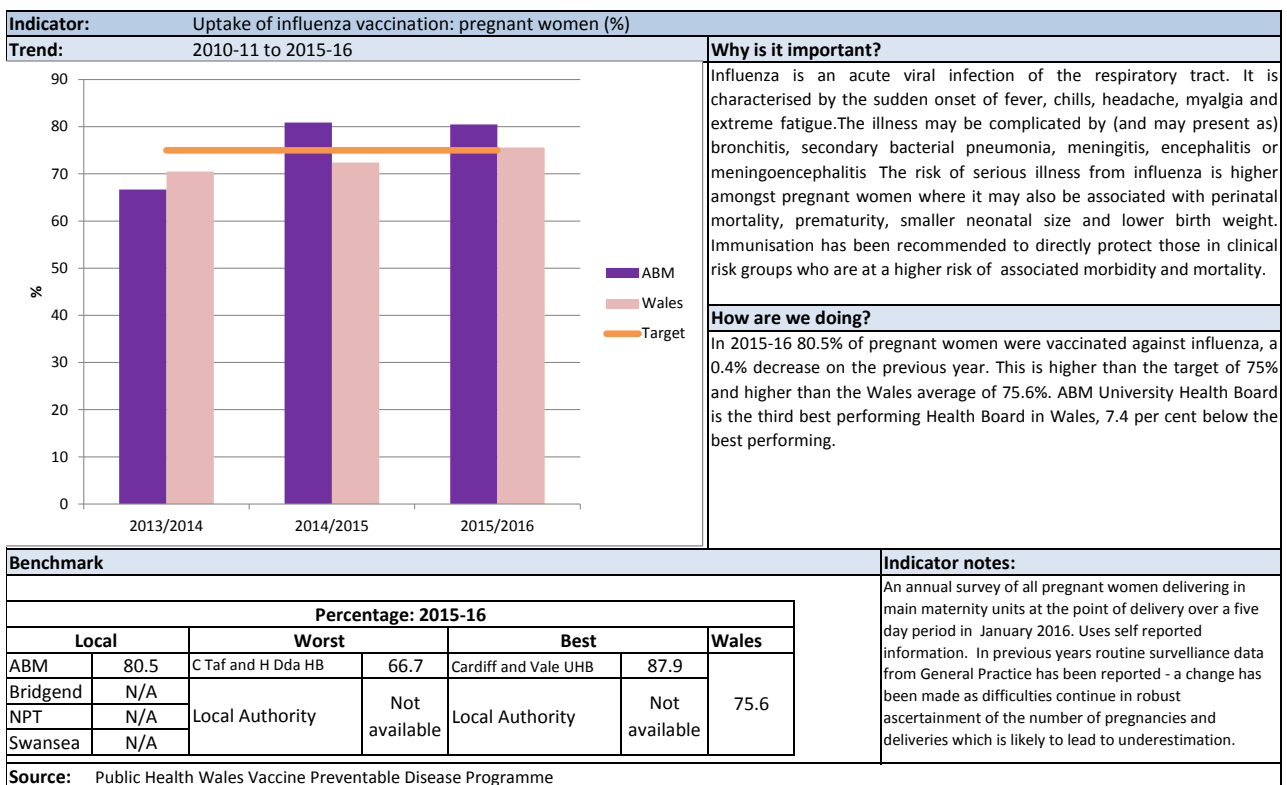
Report card: HP1 Vaccination



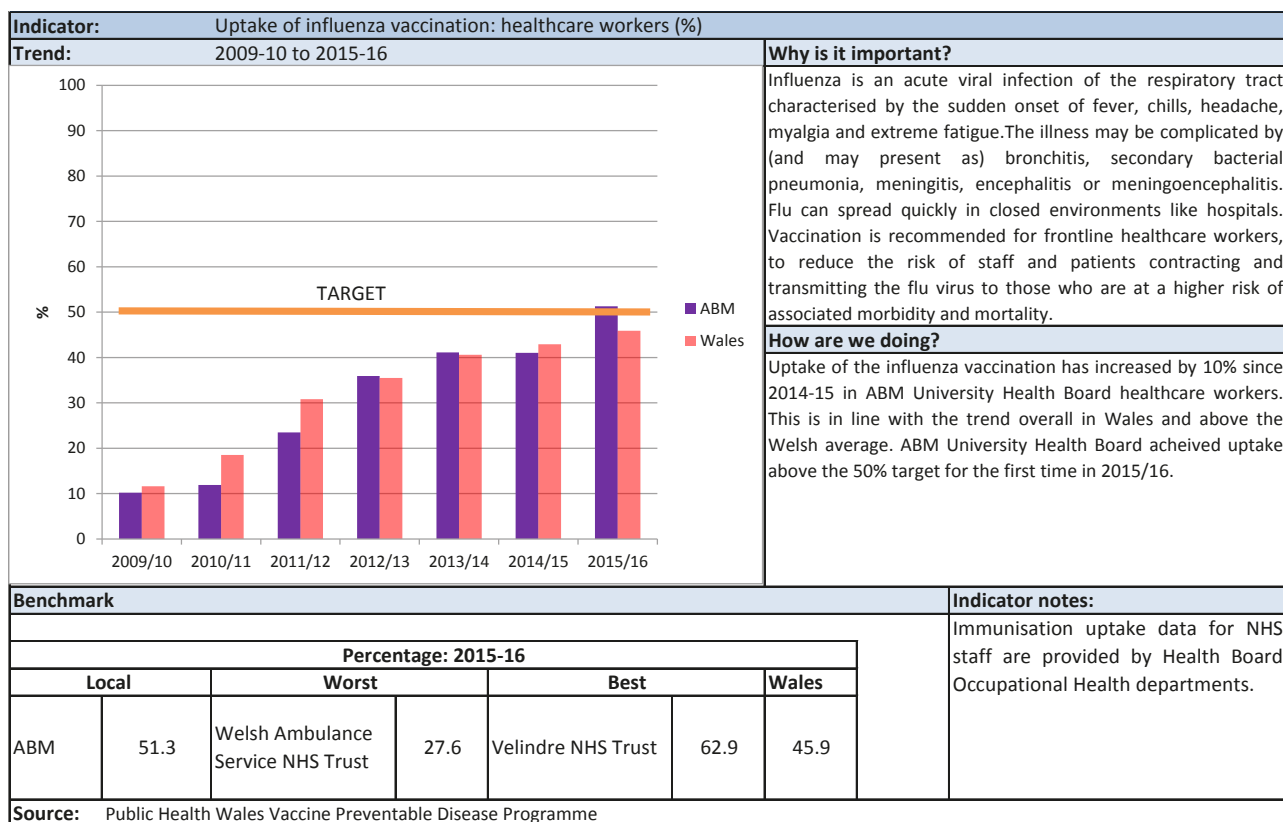
Report card: HP2 Vaccination



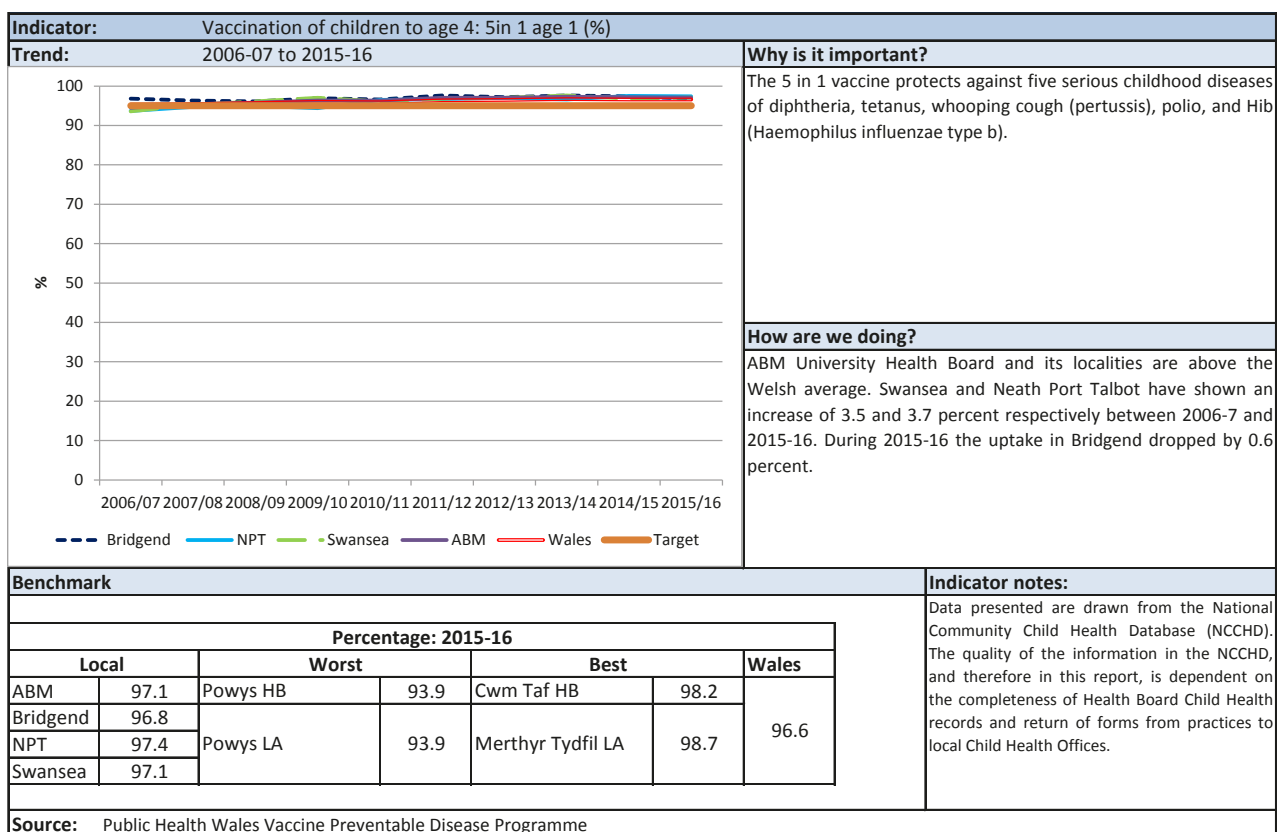
Report card: HP3 Vaccination



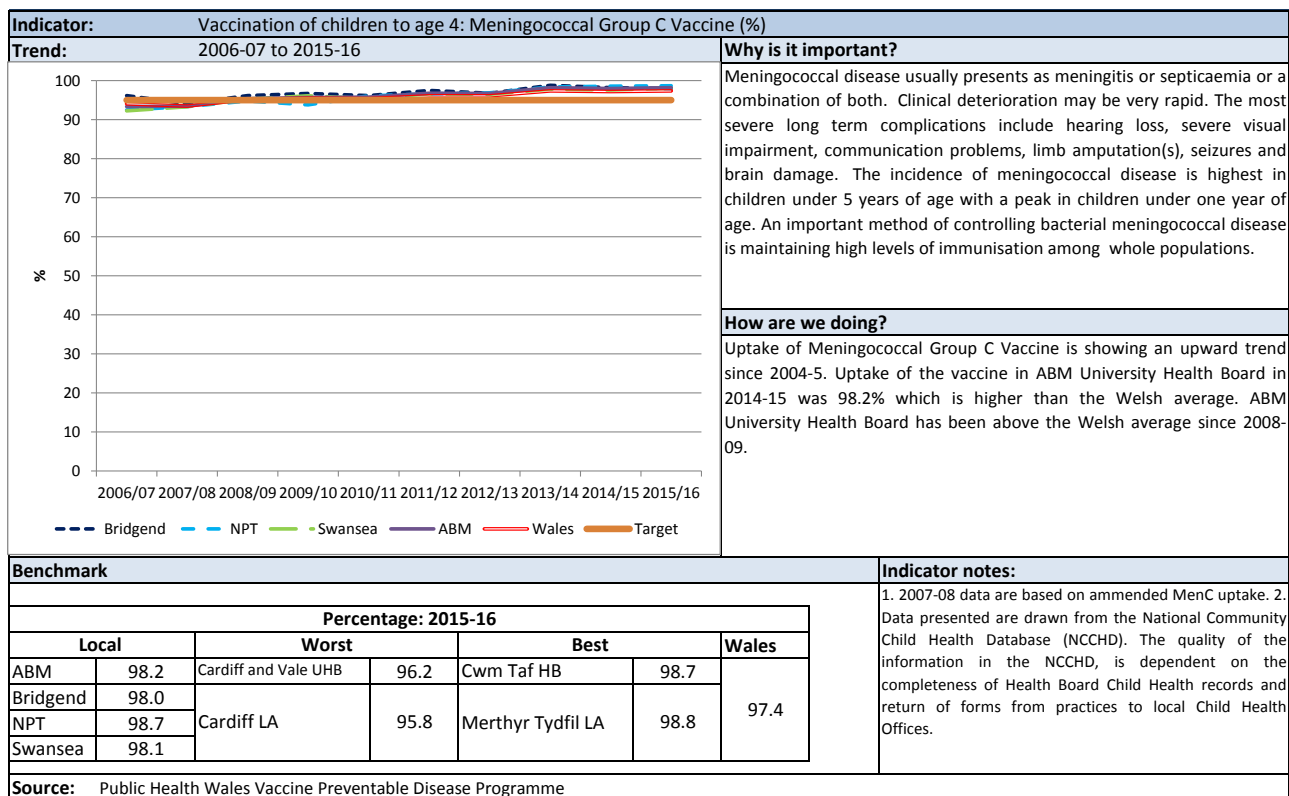
Report card: HP4 Vaccination



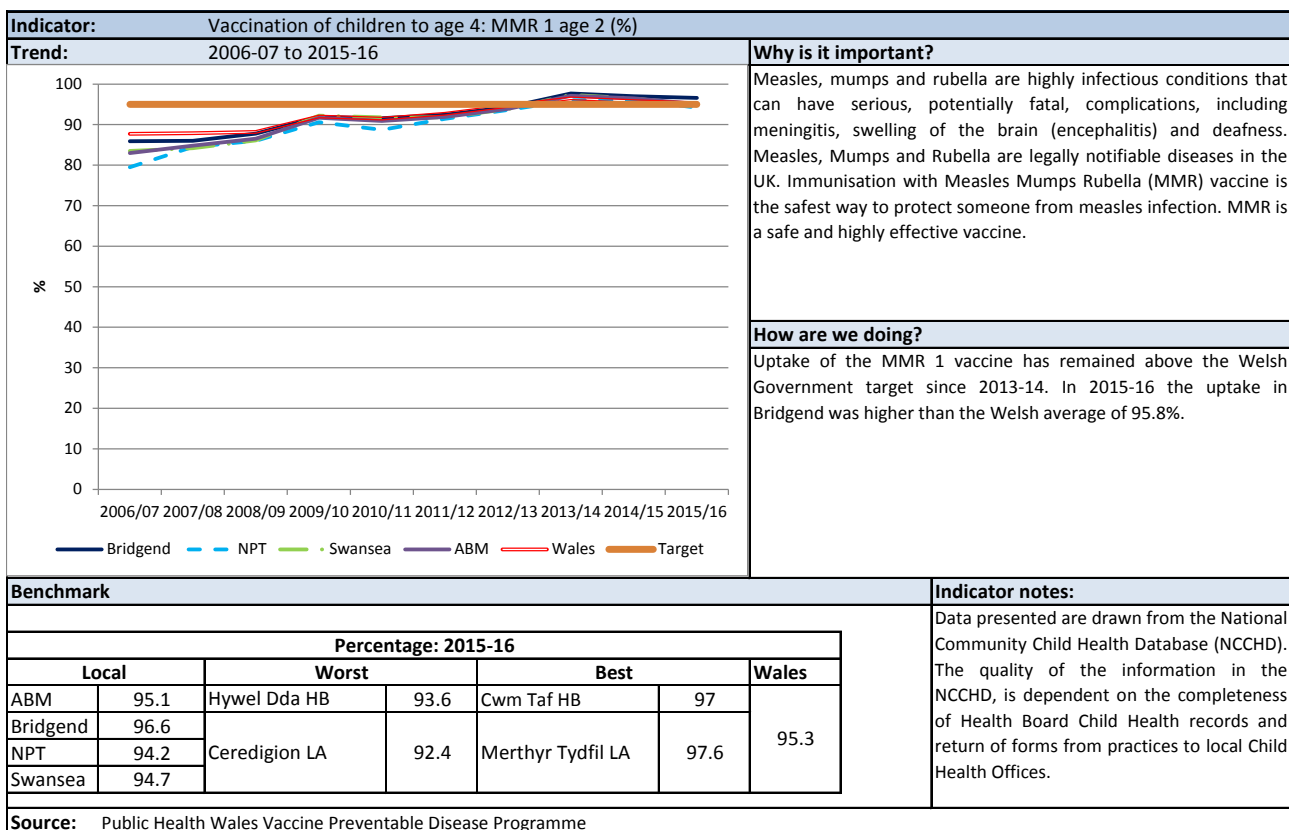
Report card: HP5 Vaccination



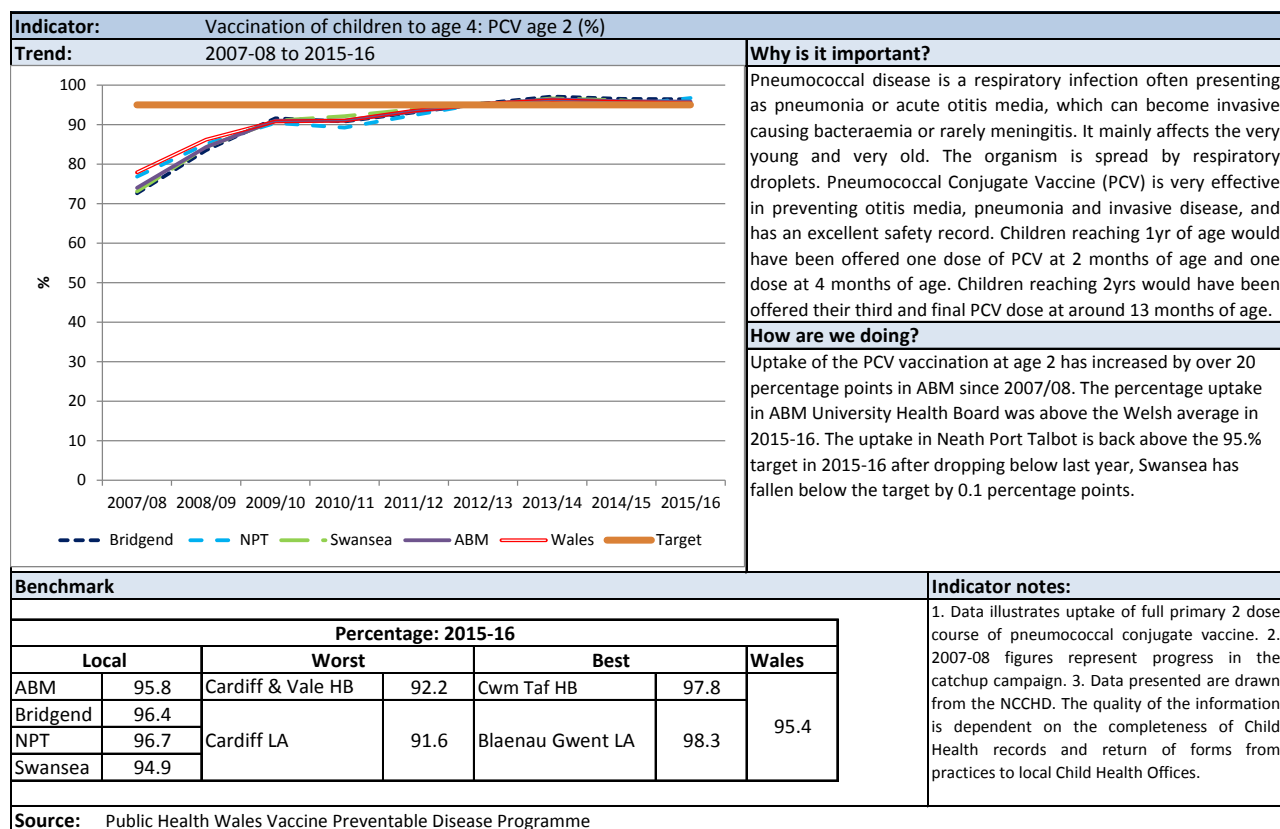
Report card: HP6 Vaccination



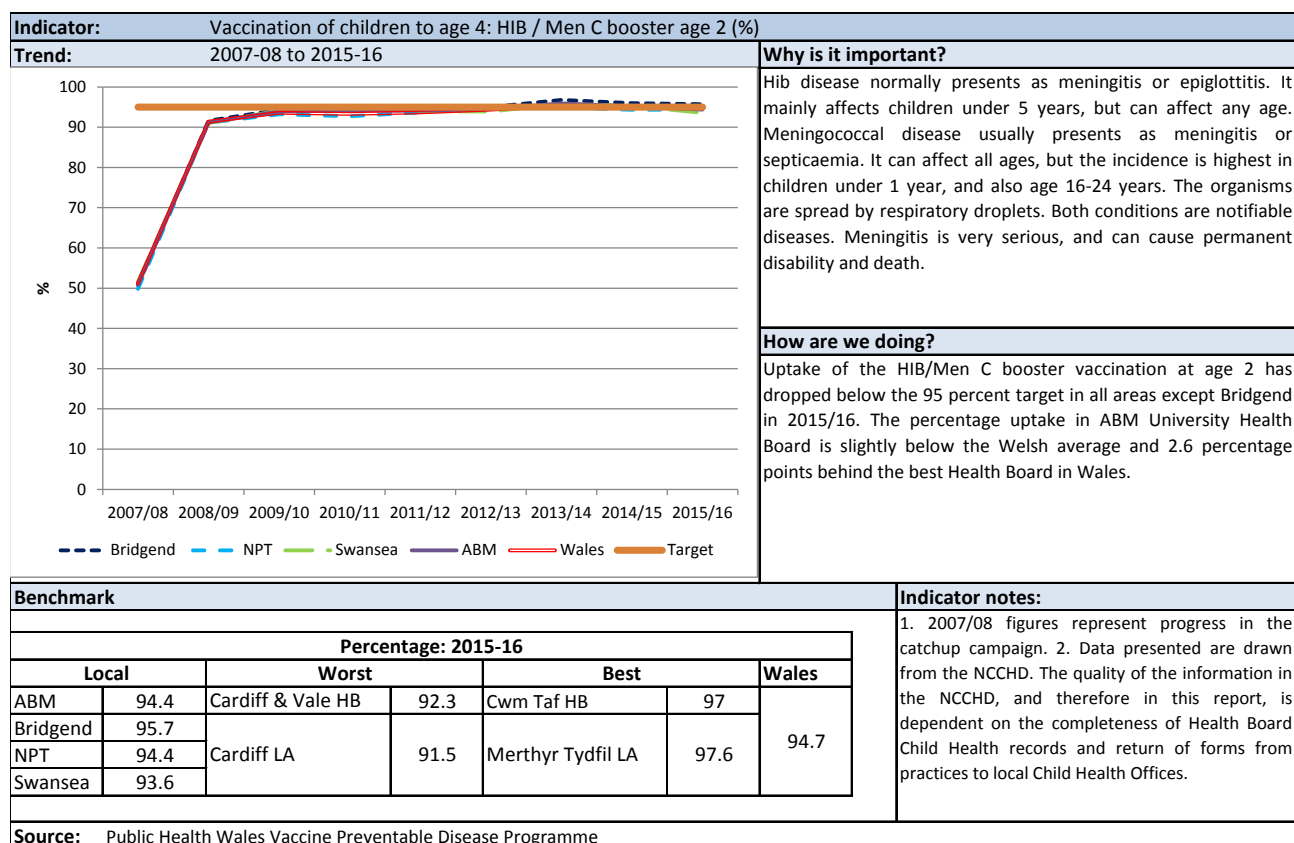
Report card: HP7 Vaccination



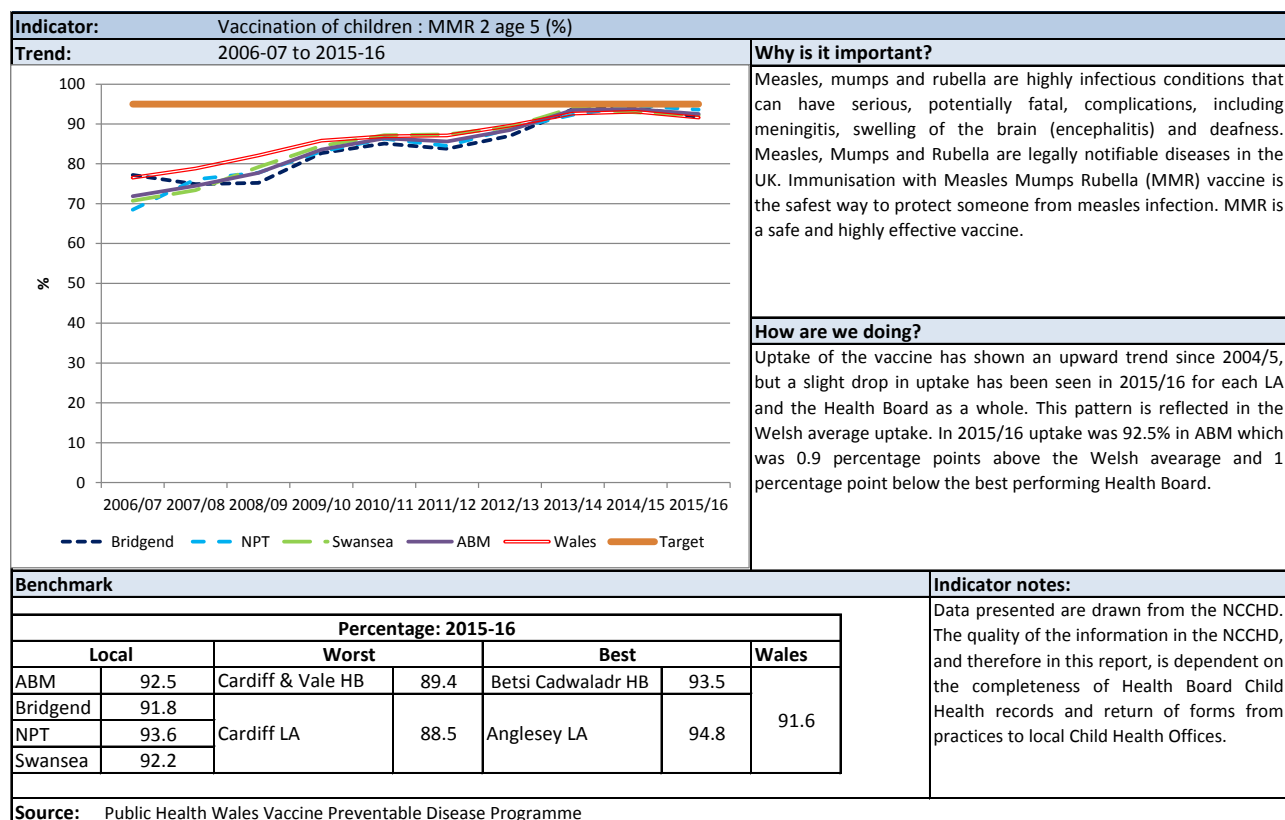
Report card: HP8 Vaccination



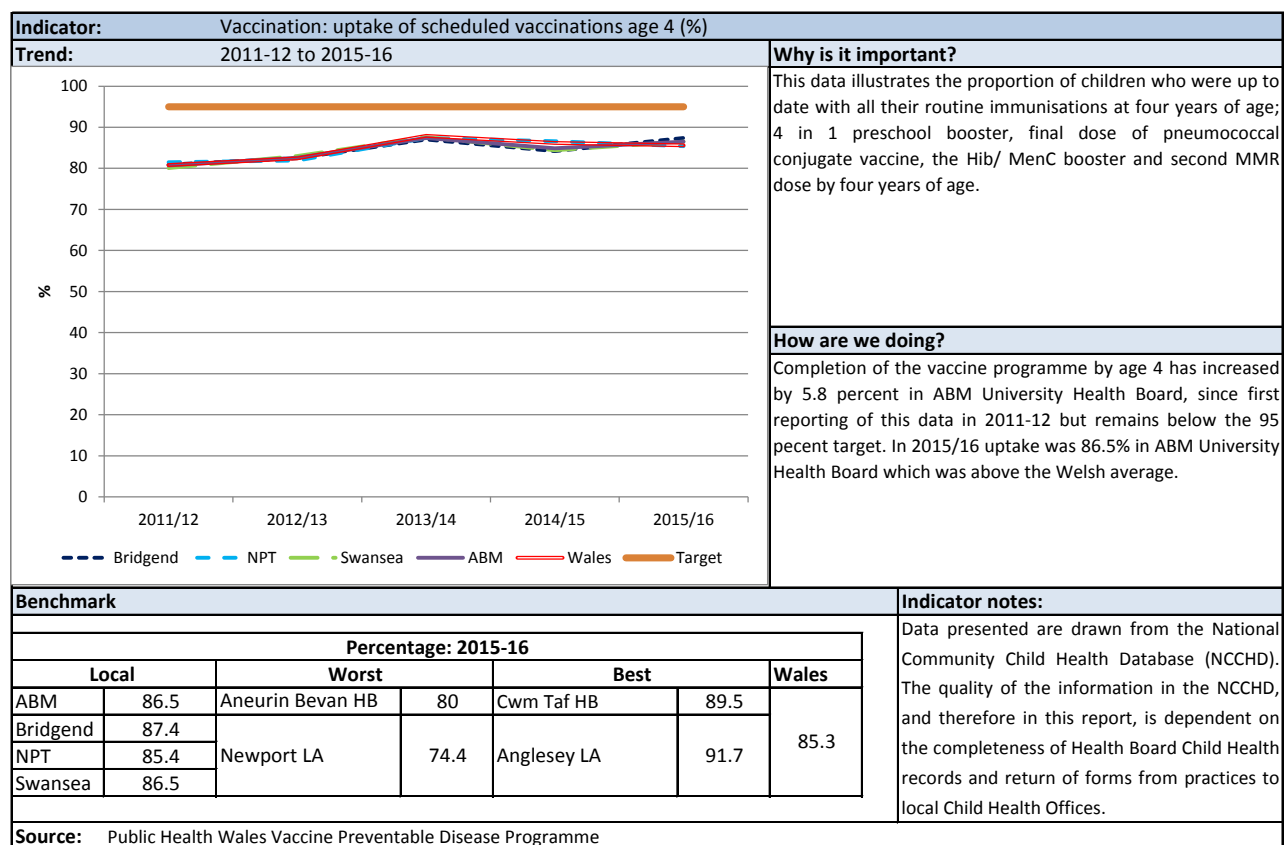
Report card: HP9 Vaccination



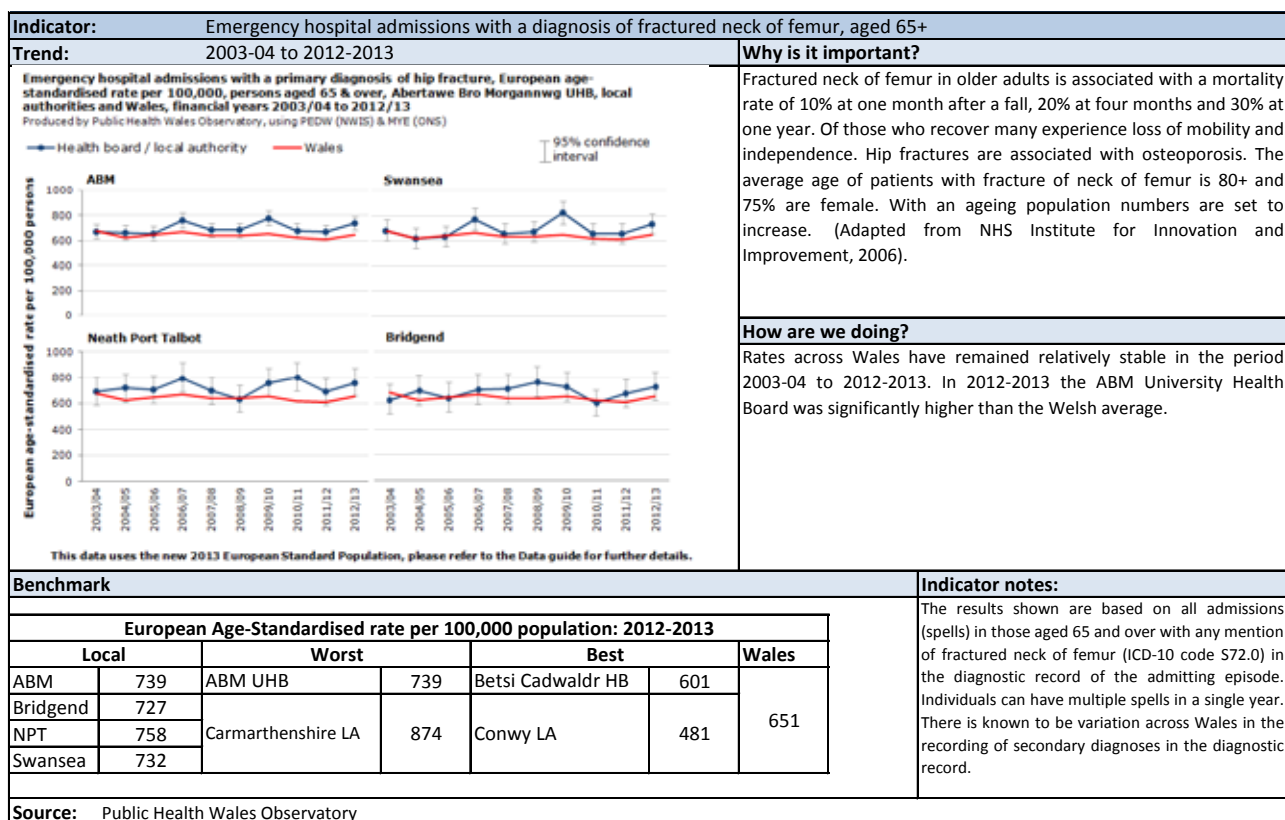
Report card: HP10 Vaccination



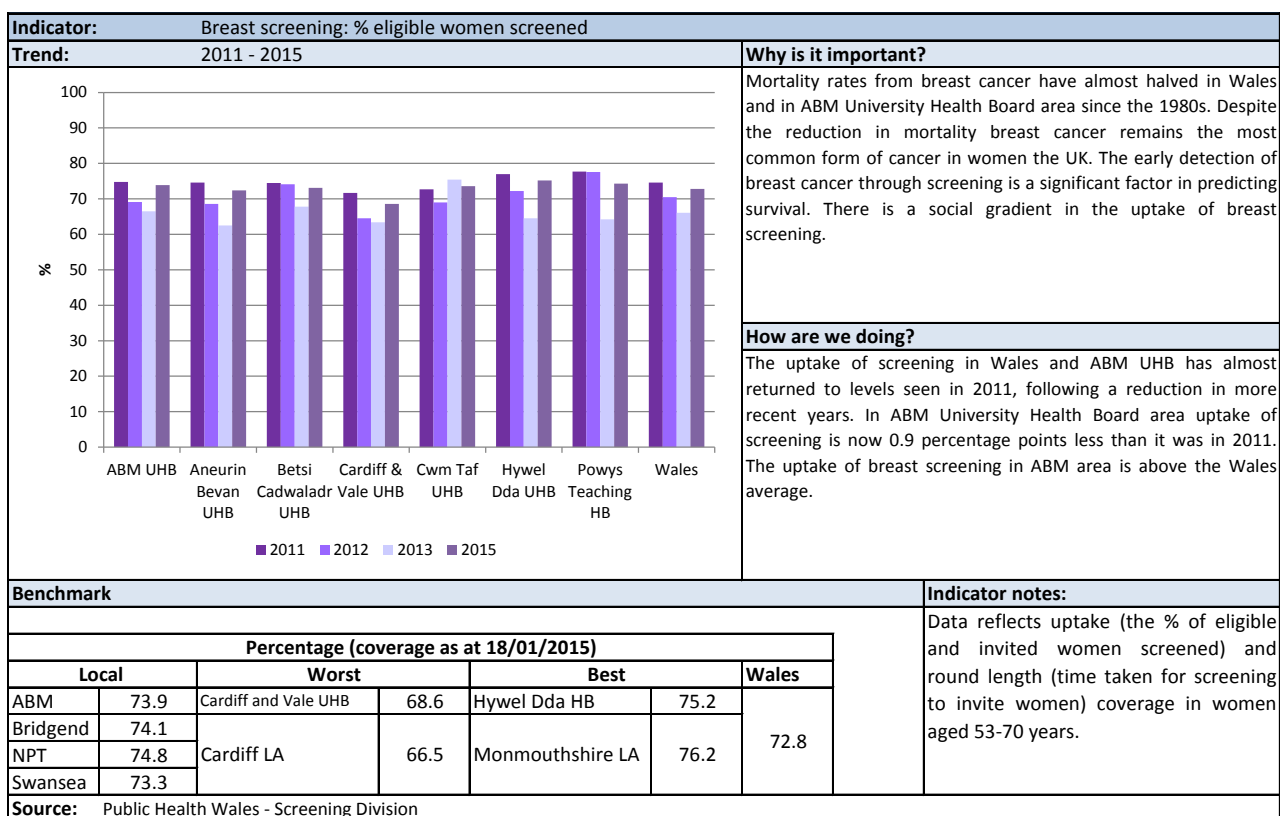
Report card: HP11 Vaccination

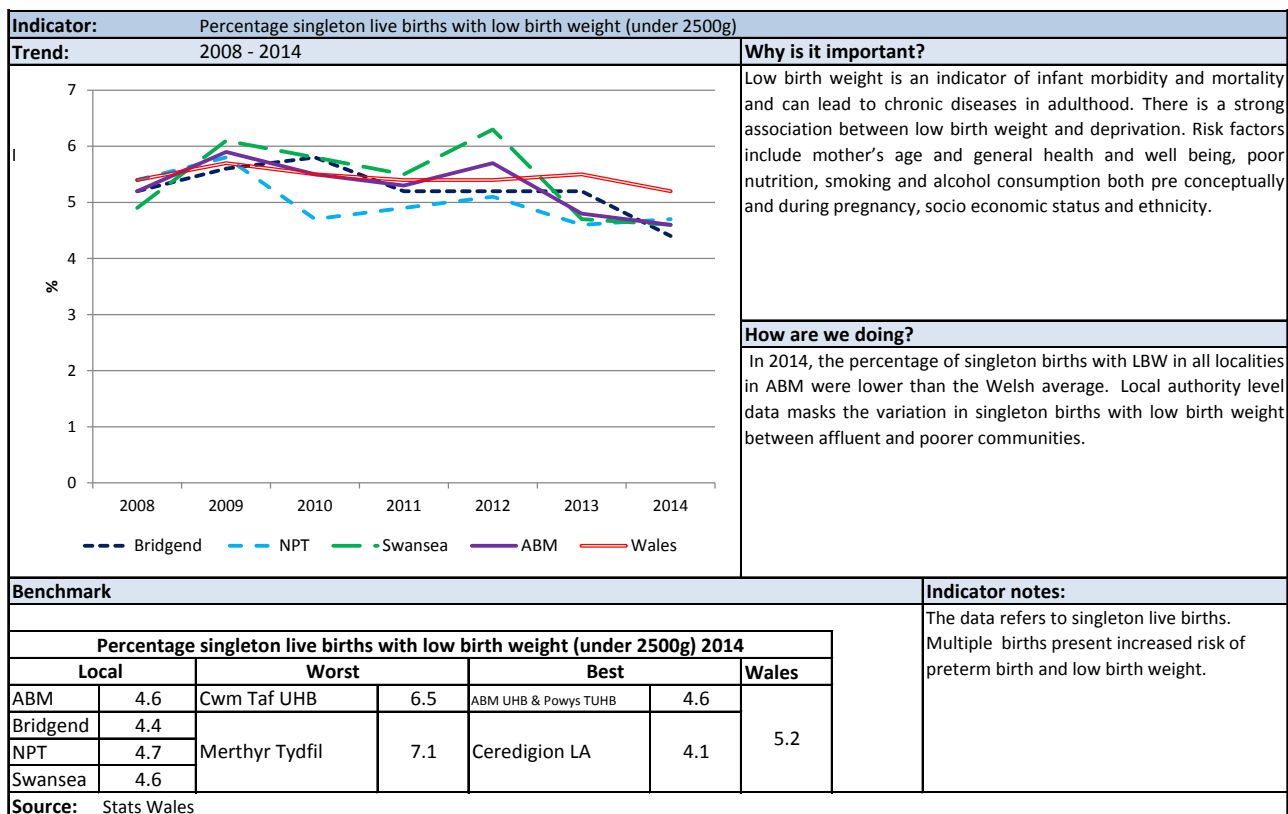


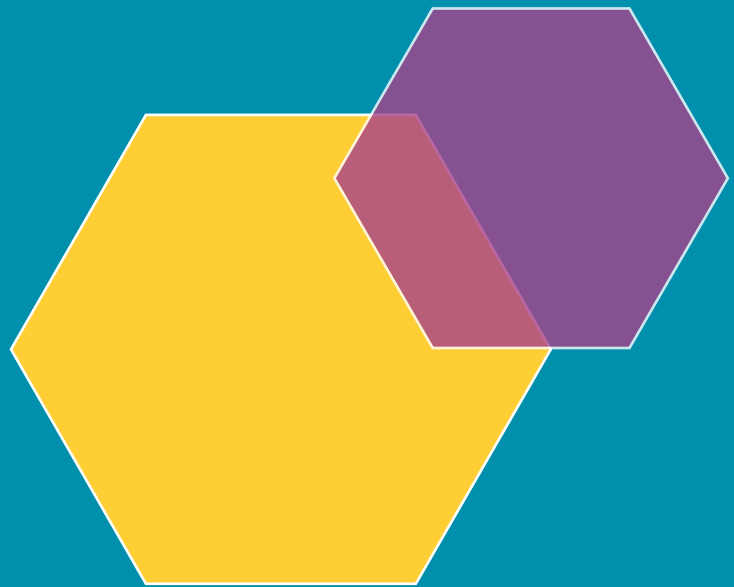
Report card: HS1 Hip fractures



Report card: HS2 Health Services - Screening







Appendices

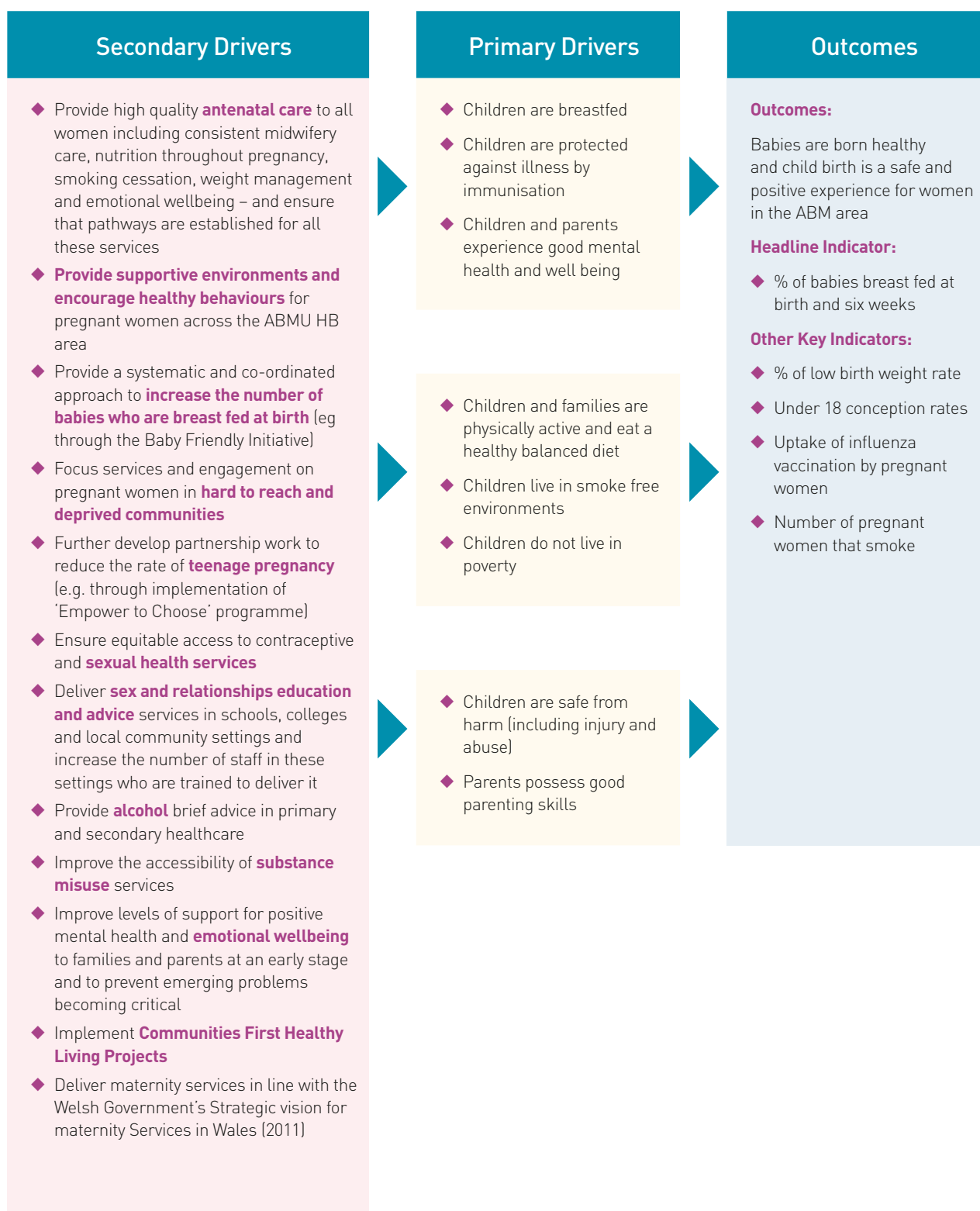
The following driver diagrams provide a straightforward guide to a high level improvement goal and the underpinning drivers and projects. These are goals that are achieved through collaborative working by ABM Public Health Team and partners.



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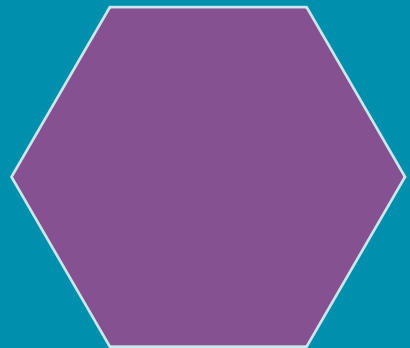
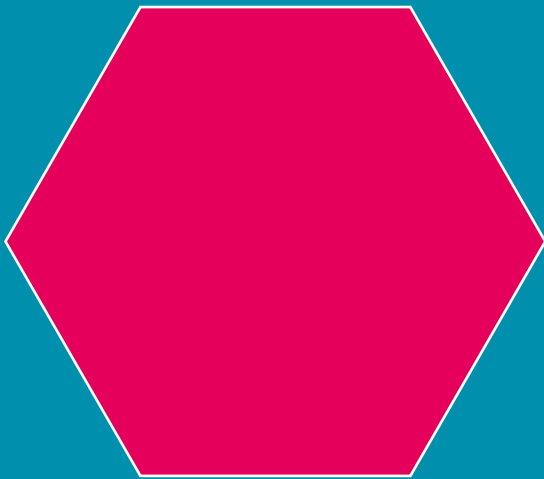
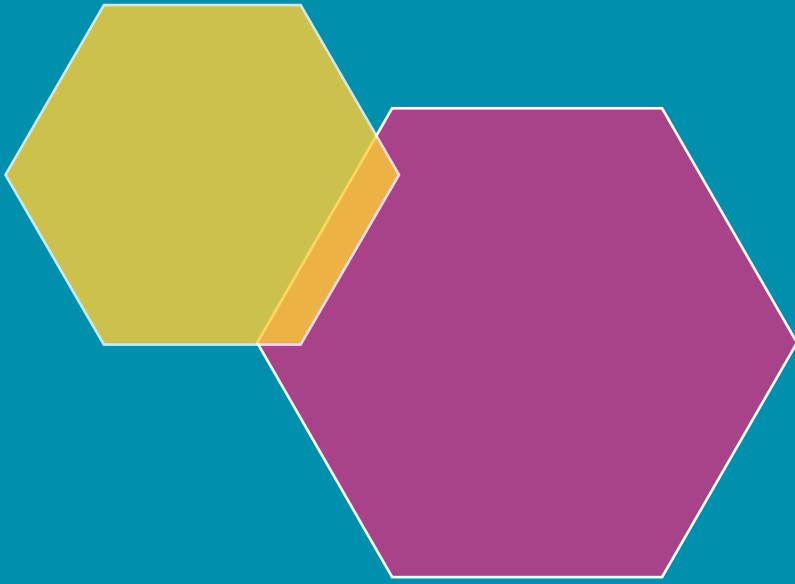
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Driver Diagram - Improving Pre-conception Care and Maternal Health so that Babies are Born Healthy



Driver Diagram - Pre-school Children





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